

Queensland Health

Framework for Lifelong Learning for Nurses and Midwives

July 2023



Queensland
Government



The Department of Health acknowledges the Traditional Owners and Custodians of the lands, waters and seas across the State of Queensland and pays our respects to the Elders past and present.

We value the culture, traditions and contributions that the Aboriginal and Torres Strait Islander peoples have made to our communities and recognise that our collective responsibility as government, communities and individuals are to ensure equity and equality, recognition and advancement of Aboriginal and Torres Strait Islander peoples in Queensland in every aspect of our society.

Aboriginal and Torres Strait Islander peoples are advised that this publication may contain names and/or images of deceased people.

Framework for Lifelong Learning for Nurses & Midwives (version 2)

Published by the State of Queensland (Queensland Health), July 2023

IBNN or ISBN if needed



This document is licensed under a Creative Commons Attribution V4.0 International licence. To view a copy of this licence, visit <https://creativecommons.org/licenses/by/4.0/deed.en>

© State of Queensland (Queensland Health) January 2023

Except as permitted under the Copyright Act 1968, no part of this work may be reproduced, communicated or adapted without permission from Queensland Health.

To request a copyright licence, contact: Office of the Chief Nursing and Midwifery Officer, Clinical Excellence Division, Queensland Health. Email: OCNMO_ProfessionalCapability@health.qld.gov.au

For more information contact:

Office of the Chief Nursing and Midwifery Officer, Clinical Excellence Division, Department of Health, GPO Box 48, Brisbane QLD 4001, email chiefnurse-office@health.qld.gov.au.

An electronic version of this document is available at https://www.health.qld.gov.au/data/assets/pdf_file/0032/725783/framework-lifelong-learning.pdf

This Version 2 of the 'Framework for Lifelong Learning for Nurses and Midwives (2023)' will remain current until 2026.

Disclaimer:

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Foreword by the Office of the Chief Nursing and Midwifery Officer

On behalf of the Office of the Chief Nursing and Midwifery Officer I would like to commend the revision and publication of the 2023 Framework for Lifelong Learning for Nurses and Midwives – Queensland Health. The importance of this Framework cannot be overstated given the previous widespread application of the 2018 version across Queensland Health jurisdictions and other stakeholders. I have no doubt that the 2023 version of the *Framework* will be equally well received and adopted as a means for supporting lifelong learning and enabling individuals to embrace a lifelong learning mindset and to provide a rationale for industry to foster a learning culture in the workplace. The revised version of the *Framework* (2023) extends previous content and incorporates additional contemporary and evidenced approaches based on key bodies of international, national, and state work that have been developed since the previous version. This revised version enhances the scaffold approach for all teaching and learning considerations that assist in achieving a sustainable, professional, capable, person-focused nursing and midwifery workforce that is respected for competence and quality. The *Framework* clarifies and expands tenets underpinning nursing and midwifery education services; key concepts and resources associated with lifelong learning; teaching strategies to support application; and standards to measure effectiveness.

Broadly the Framework provides a structured approach to clinical, professional, and organisational development for all classifications of nurses and midwives and explains education and supportive opportunities along a continuum of lifelong learning via a myriad of strategies including, Continuing Professional Development, Career Pathways, Succession Management and Mentoring.

The revised *Framework* (2023) has been written to align with other existing Queensland Health frameworks, manuals, and teaching resources. In this manner it acts as a guide for all nurses and midwives, and in particular Nursing and Midwifery Educators and Nursing and Midwifery Directors – Education to enhance appreciation of nursing and midwifery education, and to provide a structured approach for teaching and learning activities that advance and build capacity, capability and professionalism, and nurture engagement in a positive workplace culture.

I extend my gratitude to all nurses and midwives involved in the revision and application of this Framework and I encourage nurses, midwives, educators, jurisdictions, employers, and industrial bodies to continue to use the Framework to promote and support lifelong learning by the nursing and midwifery professions.

Adjunct Professor Shelley Nowlan

Chief Nursing and Midwifery Officer – Queensland Health

Deputy National Rural Health Commissioner – Nursing and Midwifery

Adjunct Professor – School of Nursing and Midwifery, University of Queensland

Adjunct Professor – School of Nursing, Faculty of Health, Queensland University of Technology

Adjunct Professor – School of Medicine, Griffith University

Authors:

Janelle Laws	Assistant Nursing and Midwifery Director - Education and Workforce, Metro North Health (MNH)
Christine Burridge	Nursing and Midwifery Director – Education, MNH (Project and Education Guidance, Editorial Reviewer)
Professor Robyn Fox	Professor of Professional Nursing and Midwifery Education, MNH (Consultation and Editorial Reviewer)
Natalie Rees	Nurse Educator – Workforce Development, MNH (Content Contribution, Appendices and Editorial Review)

Acknowledgements:

The authors of this Version of the *Framework for Lifelong Learning for Nurses & Midwives (version 2)* wish to acknowledge:

- Sponsorship and professional support provided by the Office of the Chief Nursing and Midwifery Officer, Clinical Excellence Division - Department of Health.
- Guidance and direction provided by the Executive Director Nursing and Midwifery Forum.
- Support and encouragement offered by the Chief Nursing and Midwifery Officer and Nursing and Midwifery Strategic Executive Council members – MNH.
- The original authors, reviewers and editors of the *Framework for Lifelong Learning for Nurses and Midwives – Queensland Health (2018)*, in particular the work undertaken by Professor Robyn Fox, Professor Catriona Booker and Adam Turbutt in collaboration with Queensland Hospital and Health Service nursing and midwifery colleagues
- The nurses, midwives and organisations within Queensland Hospital and Health Services who contributed during consultation for revision and addition of the *Framework* content
- Clinical Skills Development Service, MNH for graphic design support

Advisory/Editorial Review Group

Organisation	Delegate	Position
Darling Downs Hospital and Health Service	Belynda Abbott	Nursing Director Education and Research
Children's Health Queensland	Kim Anderson	Nursing Director – Learning and Workforce
Sunshine Coast Health	Judith Gonzales	Acting Nursing Director - Education
Central Queensland Health	Julie Kahl	Nursing Director – Education and Research
Townsville Hospital and Health Service	Debbie MacLean	Nursing Director – Clinical Practice Development Service
Mackay Hospital and Health Service	Paul McAllister	Acting Assistant Director of Nursing – Clinical Excellence Unit
West Morton Health	Ruth McCaffery	Nursing Director – Nursing and Midwifery Education and Research Service
Wide Bay Hospital and Health Service	Julie Melhop	Acting Nursing Director
North West Hospital and Health Service	Aarti Nandini	Nurse Educator – Remote Health, Mount Isa Hospital (Consumer Representative)
South West Hospital and Health Service	Leanne Raatz	Nurse Director - Education
Office of the Chief Nursing and Midwifery Officer	Una Schumacher	Director of Nursing, OCNMO
Gold Coast Hospital and Health Service	Brenton Shanahan	Assistant Director of Nursing – Nursing and Midwifery Education
North West Hospital and Health Service	Julie Sorrell	Acting Nursing Director - Professional Practice
Wide Bay Hospital and Health Service	Cheryl Steers	Nursing Director, Nursing and Midwifery Education
Queensland University of Technology	Associate Professor Karen Theobald	Academic Lead Education, School of Nursing Honorary Senior Visiting Fellow of Nursing and Midwifery, MNH (Consumer Representative)
Cairns and Hinterland Hospital and Health Service	Jaya Thomas	Nursing Director – Nursing and Midwifery Education and Research Unit
Metro South Hospital and Health Unit	Bernadette Thomson	Acting Nursing Director – Education, Nursing Professional Development Unit
Office of the Chief Nursing and Midwifery Officer	Jocelyn Toohill	Director of Midwifery, OCNMO
Torres and Cape Hospital and Health Service	Sarah Worth	Director of Nursing – Clinical Education

Table of Contents

Foreword by the Office of the Chief Nursing and Midwifery Officer.....	3
Table of Contents.....	6
1. Intent	9
2. Applicability.....	10
3. Glossary	12
4. Assumptions	12
5. Nursing and Midwifery Leadership, Scope of Practice and Professionalism	14
5.1 Leadership	14
5.2 Scope of Practice	16
5.2.1 Advanced Practice	17
5.2.2 Queensland Context.....	18
5.3 Professionalism	18
6. Nursing and Midwifery Education Context.....	20
7. Lifelong Learning	28
Standards for Lifelong Learning.....	31
8. Continuing Professional Development.....	33
Standards for CPD	35
8.1 Workplace Learning	36
8.2 Formal Learning	38
8.3 Career Development	39
Standards for Career Development.....	40
8.3.1 Learning Pathways.....	41
Standards for Learning Pathways.....	43
8.3.2 Career Pathways.....	47
8.3.3 Nursing Specialisation Pathways	50
8.3.4 The Rural Generalist	52
8.4 Interprofessional Education and Learning	52
9. Clinical, Professional and Organisational Learning	54
Standards for Clinical, Professional and Organisational Learning.....	54
9.1 Clinical Learning.....	55
9.2 Professional Learning.....	57
9.3 Organisational Learning	59
10. Orientation and Role Transition Support Processes	62
10.1 Orientation and Induction	62
Standard for Orientation/Induction.....	64
10.2 Transition Process.....	65
Standards for transition support process	67

10.2.1	Transition Support (TSP), Immersion (e.g., SWIM) or Accelerated Specialisation Programs.....	67
10.2.2	Early Career (New Graduate) Transition Support Considerations	70
	Additional Standards for Transition Support of New Graduates.....	70
10.3	Additional Orientation and Transition Support Process Considerations	72
10.3.1	CPD / Short Term Clinical Upskilling	72
10.3.2	Undergraduate Students in Nursing or Midwifery (USIN/Ms)	72
10.3.3	Cadets.....	72
10.3.4	Re-Entry to Practice	73
10.4	Work Unit Development Maps.....	74
11.	Clinical Placement and Student Support Processes.....	77
11.1	Traineeships (School-based Trainees).....	78
11.2	Student Nurses and Midwives	78
11.3	Postgraduate Students.....	79
11.4	Interprofessional Education	79
12.	Supporting Relationships to Build Capacity.....	81
12.1	Preceptorship	81
12.1.1	Effective preceptorship	84
	Standards for Preceptorship.....	85
12.2	Coaching.....	87
12.3	Clinical Supervision	88
12.4	Reflective Practice.....	90
12.5	Mentoring	91
	Standards for Mentoring	93
12.6	Succession Management	94
	Standards for Succession Management.....	97
13.	Underpinning Support Systems	98
13.1	Performance and Development.....	98
	Standards for PDP	101
13.2	Supported Practice	101
13.3	Research.....	102
13.4	Recognition of Prior Learning (RPL)/Advanced Standing	103
13.4.1	RPL Applications	104
13.4.2	RPL Application – External to Queensland Health	104
13.4.3	RPL Application – Queensland Health.....	105
13.4.4	RPL Assessor Considerations – Queensland Health	106
13.4.5	RPL Appeals and Grievances – Queensland Health.....	107
13.5	Assessor Preparation	107
14.	Evaluation and Reporting	109
14.1	Evaluation	109
14.2	Assessment and Evaluation	115
14.3	Reporting.....	115

15. Conclusion.....	118
16. Appendices.....	119
Appendix 1: Glossary	119
Appendix 2: Examples of CPD Activities	126
Appendix 3: Annual Minimum Required CPD Hours as per Registration Type	127
Appendix 4: Sample of legislative, Mandatory and Requisite Training Register	128
Appendix 5: Recommended AQF Levels for Nursing and Midwifery Classifications	133
Appendix 6: Examples of Work Unit Development Maps	136
References.....	141

Table of Figures

<i>Figure 1: Nursing and Midwifery Education Model – Example</i>	24
<i>Figure 2: Example of Nursing and Midwifery Continuum of Lifelong Learning</i>	30
<i>Figure 3: NMBA Continuing Professional Development (CPD) Guideline Cycle</i>	33
<i>Figure 4: Broad Concepts of a Generic Learning Pathway</i>	45
<i>Figure 5: Learning Pathway – Example Grade 5 RN/Midwife entering the workforce and progression via linear and non-linear means</i>	46
<i>Figure 6: Broad Sample of a Work Unit Development Map (example of a Learning Pathway)</i>	75
<i>Figure 7: Diagrammatic Representation of Preceptor Role</i>	84
<i>Figure 8: Diagrammatic Representation of Succession Management</i>	96
<i>Figure 9: Performance and Development Cycle</i>	100

1. Intent

The *Framework for Lifelong Learning for Nurses and Midwives (version 2) (2023)* (hereafter the *Framework*) has been revised to incorporate updates in contemporary evidence, additional concepts and any key resources. These changes to the *Framework* will enhance the scaffold approach for all teaching and learning considerations that ‘value add’ to achieving a sustainable, professional, capable, person-focused nursing and midwifery workforce that is respected for competence and quality.

In recognition of considerable variance in the nature, standard and quality of nursing and midwifery education access, offerings, and resources across and within health facilities, this version of the *Framework* extends previous content and incorporates additional contemporary and evidenced approaches (Fox, 2013; State of Queensland (Jobs Queensland), 2020). As a key enabler, the revised *Framework*, underpinned by State Government and Queensland Health direction, provides further clarity and enhanced opportunity of access to lifelong learning, education, and training experiences applicable for all nursing and midwifery contexts.

However as in the previous version each section (1 to 14) of the revised *Framework* (2023) has been written to be used as either ‘standalone content’ to support specific strategy application, or as contributing to the overarching approach to engender lifelong learning.

The *Framework* clarifies and expands tenets underpinning nursing and midwifery education services; key concepts and resources associated with lifelong learning; teaching strategies to support application; and standards to measure effectiveness.

Broadly the *Framework* comprises:

- Content that reinforces learning is the responsibility of individuals encouraged and enabled by the actions of governments, industry, employers, industrial bodies, and communities (State

of Queensland (Jobs Queensland), 2020).

- Strategies to facilitate collaboration in industry, and with other stakeholders to promote the value of lifelong learning.
- A structured approach to clinical, professional, and organisational development opportunities for all classifications of nurses and midwives.
- Explanation of learning and development opportunities: along a continuum of lifelong learning; via workplace strategies; and Career Pathways.
- Specific principles, standards, and exemplars to guide Hospital and Health Services (HHS) in:
 - the promotion, implementation, and application of a culture of lifelong learning
 - applying pathways for career development and continuum of learning
 - foundational requirements for key programs of learning for all classifications of nurse and/or midwives particularly new graduate (novice) nurses and midwives (Queensland Industrial Relations Commission, 2022b).
- The principles of leadership as per Nurses and Midwives (Queensland Health) Award – State 2015 (2022 State Wage Case Reprint) (The Award) (Queensland Industrial Relations Commission (QIRC), 2022a) Domains as they apply to lifelong learning and the Queensland Health *Leadership Strategy for Nurses and Midwives* (State of Queensland (Queensland Health), 2023a).
- Direction, planning, implementation, and evaluation strategies for workplace learning.
- Advice pertaining to the management and support of school-based traineeship and cadetship programs.

- A guide to attainment of relevant postgraduate awards (Henderson, Fox & Armit, 2008).
- Explanations that facilitate individuals, groups, teams of nurses and midwives, and others to guide a more collective overarching professional approach to building workforce capacity and capability and standardised support processes thereby reducing variance in access, opportunity, expectations, and standards.

2. Applicability

The *Framework* comprises a suite of standards applicable to achievement of successful development and education of the nursing and midwifery workforce is applicable for all nursing and midwifery contexts, groups, and individuals. These include but are not limited to:

- The Office of Chief Nursing and Midwifery Officer (OCNMO) Queensland who:
 - networks statewide with Executive Directors Nursing and Midwifery (EDNM), Nursing and Midwifery Directors, Education (NMDEd) and internal and external stakeholders;
 - supports collective engagement in the development, education, and training of nurses and midwives by promoting: innovation; access to opportunity; resource availability; and mitigation of variance in capability, capacity, and standards.
- The EDNM, hospital and health service (HHS) who liaise with executive members, education providers, and nursing and midwifery education service leads to: sponsor nursing and midwifery education and scholarly pursuits; set objectives and performance targets; build and foster partnerships/relationships; accept jurisdiction for standards, workforce capacity/capability, and risk mitigation.
- Nursing and Midwifery Directors or Assistant Nursing and Midwifery Directors - Education (NMDEd) who:
 - assume accountability for: education and professional vision; expert strategic and operational education leadership in applying the *Framework* intent;
 - foster translation of knowledge to practice and scholarly endeavours;
 - effectively collaborate with the EDNM, Directors of Nursing and Midwifery Directors, Nursing/Midwifery Directors, Assistant Directors, interprofessional colleagues, internal and external partners (e.g., Higher Education Sector [HES]) to lead and evaluate education initiatives and achieve expected outcomes.
- Directors of Nursing and Midwifery, Nursing and Midwifery Directors, and Assistant Nursing and Midwifery Directors who collaborate with NMDEd, to ensure the *Framework* is applied effectively thereby supporting: resource allocation; teaching and learning strategies; workforce readiness and proficiency; evaluation of service and workforce needs to attain or maintain a sustainable, professional, capable person-focused nursing and midwifery workforce valued for competence and quality.
- Nursing and Midwifery Educators who:
 - reflect and regularly undertake self-assessment of role contribution and development needs to foster effective participation in lifelong learning;
 - collaborate with stakeholders in successfully applying the tenets of the *Framework* by determining educational activities; facilitating translation of knowledge to practice; and building capacity and capability to address clinical,

professional, and organisational learning needs and achieve standards for practice (Fox, 2013; NMBA, 2016c, 2016d, 2018d, 2021a).



This role is integral in promoting application of the *Framework* tenets across the continuum of lifelong learning.

- Clinical Nurse or Midwife - Clinical Facilitator (this reflects Award terminology (Award, Schedule 2, p79) (QIRC, 2022a) however a few HHSs use the term 'Coach' or 'Clinical Coach' interchangeably) to describe staff who role model, and uses their expert clinical knowledge and skills in undertaking development, education and training from an operational perspective within specific clinical contexts through working collaboratively with Nursing and Midwifery Educators and others to apply the tenets of the *Framework*.



When present this role is integral in supporting Nursing and Midwifery Educators and others in promoting applying the *Framework* tenets.

- Line Managers who: collaborate and liaise with Nursing and Midwifery Educators and others to support application of the tenets of the *Framework*; identify and evaluate workforce development needs, monitor standards; effectively operationalise relevant educational resources and support strategies.
- Clinical Nurse or Midwife Consultants who: demonstrate and promote excellence in clinical and professional standards when working with others to apply the tenets of the *Framework* to practice context/s.
- Nursing and Midwifery staff (all classifications) who: apply the tenets of the *Framework* to identify development gaps, shape expectations, reflect and formulate own development requirements

in line with role and classification expectations.




Likewise, it is the responsibility of each individual (all classifications) to generate and nurture a positive workforce culture that promotes and supports: reflection; inquiry; lifelong learning; workforce capacity and capability; leadership; professionalism; compliance with relevant standards; and development of self and others.

- A nurse or midwife responsible for development/education outcomes, standards and nursing and midwifery staff performance (e.g., Nursing and Midwifery Directors, Nurse or Midwifery Unit Manager, Nursing or Midwifery Educators, Clinical Nurse or Midwife – Clinical Facilitator) is expected to foster support and engagement in lifelong learning, and establishment of best practice and workforce outcomes through: generation of dialogue; use of a common language/nomenclature; and effective application of the tenets of the *Framework*.
- It is the responsibility of each nurse or midwife (all classifications) to share their knowledge and practice in a professional manner (as per the Nursing and Midwifery Board of Australia [NMBA] Codes of Conduct (Principle 5) (NMBA, 2018a & 2018b) when supporting, directing, teaching, supervising and assessing trainees, cadets, nursing and midwifery students, new graduates and other nursing and midwifery colleagues to achieve best practice care and standards of practice (NMBA, 2016c, 2016d, 2018d, 2021a).



Newly graduated nurses and/or midwives in consultation with others are expected to determine role requirements, learning and development needs and apply relevant *Framework* tenets. As such they are provided with:

- additional support and access to programs of learning that accelerate their transition into the workplace and consolidate knowledge and skills to achieve expected standards (NMBA, 2016c, 2016d, 2018d), and provide self-sufficient, safe, competent care.
- opportunity for supervision and support by experienced nurses or midwives who: offer objective feedback regarding performance; facilitate confidence and competence in achieving relevant standards of practice; and assist by accelerating a pathway to clinical specialisation ( i.e. nursing profession) by providing Career Pathways and Orientation to Role Package.

The *Framework* can be used to provide nurses, midwives, and other stakeholders with a clear description of the nature, scope, standards, outcomes, and reporting processes applied in the development (including Continuing Professional Development), education, and training.

3. Glossary

To clarify terms used within the *Framework* pertinent to nursing and midwifery education and to promote collective use and appreciation of consistent terminology a Glossary is provided as [Appendix 1](#). This Glossary is an important communication and clarification strategy given that many terms, in particular those related to workplace and continuing professional development are often used interchangeably. Without clarification of terminology, confusion, and impact on achievement of shared language, appreciation of requirements, and application of the *Framework* tenets and educational outcomes may be compromised (Nutbeam & Muscat, 2021; Quinn & Hughes, 2013).

4. Assumptions

- The *Framework* is not a standalone document and related strategies, plans, other frameworks, and toolkits will be referred to and applied as relevant.
- The *Framework* is published and available for statewide access and application.
- As this resource is intended to be used by Queensland Health nurses and midwives, for the purposes of this *Framework*, the 'consumers' of the resources are considered to be the various classifications of nurses and midwives employed by Queensland Health, and Higher Education Sector partners rather than a member of the community.
- The Office of the Chief Nursing and Midwifery Officer (OCNMO), the EDNMS and, NMDEd and other key stakeholders promote and support effective application of The *Framework*.
- Each HHS from a strategic and operational perspective values a sustainable, competent, compassionate, innovative, professional, and capable person-centred nursing and midwifery workforce that is encouraged to participate in ongoing self-reflection and continuous learning.
- Person-centred/woman-centred care, quality improvement, translation of knowledge into practice, and repeated demonstration of competence underpins all education/training and nursing and midwifery developmental activities.
- All nursing and midwifery education/training initiatives, activities and resources reflect minimum standards of registering authorities, professional bodies, legislation and QH and HHS/ (e.g., plans, strategies, policies, procedures).
- The principles of Performance and Development underpin negotiation of teaching and learning, and the *Supported Practice Framework for Nurses and*

Midwives (State of Queensland (Queensland Health), 2023d) is applied by each nurse and midwife.

- The application of a career pathway enables the current and emerging workforce to be supported via succession management tenets (Refer to [Section 12.6: Succession Management](#) and [Section 12.5: Mentoring](#)) and plan a development journey which facilitates acquisition of requisite knowledge, skills and capabilities for current and future role expectations.
- Completion of role specific orientation packages facilitates the principles of succession management and transition to new role requirements.
- The HHS and workplace environment supports a culture that fosters lifelong learning and the development of nursing and midwifery staff, that meets clinical, professional, and organisational needs.
- The context of the workplace setting is fundamental to: realistic and meaningful engagement within the healthcare team; achievement of clinical skills, knowledge, and interprofessional socialisation and learning that cultivates productive and competent contribution to health consumer outcomes and the health care system.
- Teaching and learning principles, and support processes are applied flexibly to accommodate variance in learning needs, styles, and competence from a novice practitioner to the more experienced professional colleague.
- Novice practitioners are provided with context specific learning pathways, foundational resources/development programs, and additional support

processes to foster effective transition to professional practice and engagement in lifelong learning.

- Each nurse or midwife assumes personal accountability and responsibility for professional engagement, their lifelong learning, career pathway, and effective utilisation of learning opportunities, and workplace offerings (e.g., Orientation, Transition Support Processes, Continuing Professional Development, Succession Management).
- A shared perspective of nomenclature, foundational requirements, principles, and standards minimises variance between HHS offerings and promotes equity and access for nursing and midwifery staff.
- All organisational activities benefit from workplace learning that is viewed as fundamental in striving for professional excellence, standards, evidence-based practice, and optimal outcomes.
- Training and education are valued and viewed as fundamental to developing capability and striving for excellence.
- Industry employed Nursing and Midwifery Educators, Associate Nursing and Midwifery Educators, Clinical Nurse or Midwife Clinical Facilitators/Coaches, and Preceptors/Buddies are valued and respected for their engagement and contribution in developing and supporting nurses and midwives in continuous improvement, translation of evidence into practice and lifelong learning.

5. Nursing and Midwifery Leadership, Scope of Practice and Professionalism

5.1 Leadership

Leadership in the professions of nursing and midwifery (and arguably health care as a whole) is not simply a job title or qualification but encompasses multiple characteristics. A graduate nurse or graduate midwife may become a leader through contribution to quality-improvement activities, while an experienced nurse or midwife may lead through mentorship. Good leadership should exemplify what it means to provide professional and high-quality person-centred care, to improve patient and population outcomes and ideally contribute to the professional and personal development of others. In considering leadership styles, transformational leadership is a dominant leadership style that applies well to the expectations for nursing and midwifery as it is characterised by leaders who attend to their own and employees' needs and support these needs accordingly (Crans, Aksentieva, Beausaert & Segers, 2022; Queensland Nurses' and Midwives' Union of Employees [QNMU], 2020).

Leadership from nurses and midwives is crucial at every classification and across all contexts and practice settings as there are many times when nurses and midwives, for the sake of delivering exceptional care and/or achieving expected outcomes must undertake an advocacy role with a singular voice (O'Donovan, Rogers, Khurshid, De Brún, Nicholson, O'Shea, Ward, and McAuliffe, 2021; World Health Organization [WHO], 2021a). To achieve this, nurses and midwives need to appreciate that their leadership is as important to providing quality care as is their technical ability to deliver care at the bedside in a safe and effective manner (Health Workforce Australia, 2013; O'Donovan et al., 2021; Schot, Tummers & Noordegraaf, 2020), and how leadership and practice produce change over time.

At the same time, effective leadership also requires recognition of situations in which it is

more important to mediate, collaborate, or support others who are acting in leadership roles (Edmondson, 2019; State of Queensland [SoQ] (Public Service Commission [PSC]), n.d.; SoQ (PSC), 2008). Nurses and midwives must lead in improving work processes; creating new integrated practice models; and working with others to contribute to crafting policy and legislation that encourages nurses and midwives to work to their optimum scope of practice (Australian Government, 2023b).

When working collaboratively with interprofessional colleagues, nurses and midwives must see themselves as equal partners and engage, socialise, and inform others to assist them to gain a full appreciation of the professions of Nursing and Midwifery and their contributions to quality health care (O'Donovan et al., 2021). The application of leadership principles by nurses and midwives is also required to foster environments that support a culture of safety, learning and engagement for health professionals and patients. Nurses and midwives therefore influence healthcare organisations at all levels, and in every setting and discipline (Edmondson, 2019; QNMU, 2020; Schot et al., 2020).

Additionally, effective leadership assists in preparing the nursing and midwifery workforce to meet community and patient needs; translating and applying research findings into practice and applying functional models of care; serving on organisational and policy-making platforms where critical decisions affecting patients are made. Therefore, an important aspect of leadership is mentoring others. More experienced nurses and midwives must take the time to show those who are new and less experienced the most effective ways of being an exceptional nurse or midwife (State of Queensland [SoQ] (Queensland Health [QH]), 2019b).

In recognition of the importance of leadership within the professions, Queensland Health has

recently developed *Leadership Strategy for Nurses and Midwives* (SoQ (QH), 2023a). This Strategy has been developed to assist in creating a culture where leadership is nurtured and supported to improve the quality, quantity, and diversity of leaders in all roles/classifications within the profession. The Strategy acknowledges that a strong culture of leadership and development has a positive impact on our staff, the professions, and the health system (ALFadhalah & Elamir, 2021; WHO, 2021b). The Strategy is applicable to all classifications of nursing and midwifery and has been aligned to the updated Nursing Career Pathways NG1-13 (*Career Pathways for Nurses and Midwives*) (SoQ (QH), 2023b).

Effective use of the *Leadership Strategy for Nurses and Midwives* (SoQ (QH), 2023a) and relevant *Career Pathways for Nurses and Midwives* (SoQ (QH), 2023b) facilitates individual, group and organisational approaches and engagement in lifelong learning.

In Queensland, the importance of leadership for the nursing and midwifery professions is captured within the Generic Level Statements of the *Nurses and Midwives (Queensland Health) Award - State 2015 (2022 State Wage Case Reprint)* (Queensland Industrial Relations Commission [QIRC], 2022a) and the *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB11) 2022* (QIRC, 2022b). The leadership domain often overlaps with multiple Generic Level Statement domains (QIRC [Schedule 2 pp 65-116], 2022a) and translates through every classification. As such effective nursing and midwifery leadership is critical for strengthening integration of safe, effective, and high-quality care, creates a positive work environment and promotes positive patient outcomes and experiences (QNMU, 2020; SoQ (QH), 2023a; van Dongen & Hafsteinsdóttir, 2022).



Refer to:

Nurses and Midwives (Queensland Health Award) – State 2015 (2022 State Wage Case Reprint) (QIRC, 2022a)

Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB11) 2022 (QIRC, 2022b)

Additionally, a Queensland Government wide Clinical Leadership Framework (CLF) which applies to permanent, temporary, casual employees and contractors is available to assist organisations to cultivate capability and leadership (SoQ (PSC), 2008; SoQ (QH), 2023a). This resource specifies behavioural expectations and provides a foundation for developing capability and leadership that: strengthens standards of performance; promotes delivery of quality outcomes; supports line managers to specify staff performance expectations; supports individuals and line managers at all classifications to identify and address learning and development needs; and foster streamlined mobility between jurisdictions (SoQ (PSC), 2008; SoQ (QH), 2023a).

In addition to the CLF, a suite of Leadership Competencies for Queensland has also been developed with the intent to acknowledge each classification/level of the workforce as leaders irrespective of role or managerial responsibilities which encourage collaboration and a common understanding of leadership and success (SoQ (PSC), 2008; SoQ (PSC), n.d.; SoQ (QH), 2023a).

The nursing and midwifery professions can apply the above resources by using them in conjunction with HHS specific frameworks and aligning these with the Award, *EB11* professional requirements, role responsibilities and career pathways (SoQ (QH), 2023b; QIRC, 2022a & 2022b).

Given the diversity in capacity, capability, and context of practice, it is imperative that nurses and midwives recognise the importance of leadership within their roles and its relevance to determining and articulating their scope of clinical practice.

5.2 Scope of Practice

The scope of practice of the profession is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that the individual nurse or midwife is educated, competent and authorised to perform (Nursing and Midwifery Board of Australia [NMBA], 2022a). The overall scope of practice depicts an evolving and dynamic range of responsibilities, that reflects the 'outer limits' or boundaries for the professions and all of the roles and activities of practice (College of Registered Nurses of Nova Scotia [CRNNS], 2015; NMBA, 2022a & 2022b). Therefore, it forms the foundation from which governments determine legislation, governing bodies prepare standards for practice, educational institutions prepare curricula, and employers prepare role descriptions (Nelson, Turnbull, Bainbridge, Caulfield, Hudon, Kendel, Mowat, Nasmith, Postl, Shamian & Sketris, 2014). Additionally, the scope of practice of each individual nurse or midwife is influenced by the context in which they practice, requirements of the employer and needs of health care consumers and families (Nelson et al., 2014; NMBA, 2022a).

While the foundational education of Registered Nurses (RNs), Enrolled Nurses (ENs), Nurse Practitioners (NPs) and Midwives in Australia captures the full breadth of the scope of the profession at the graduate entry level, the scope of practice of individual practitioners is influenced by the settings in which they practise (NMBA, 2016c, 2016d, 2018d, 2021a, 2022a). This includes the health needs of people, the level of competence and confidence of the nurse or midwife and the policy requirements of the service provider (NMBA, 2016c, 2016d, 2018d, 2021a & 2022a).

To assist nurses and midwives appreciate the individualised, complex nature of scope of practice the NMBA have developed a *Decision-Making Framework (DMF)* (NMBA, 2022b) to guide decision-making relating to scope of practice and delegation and to promote decision-making, which is consistent, safe, person-

centred/woman-centred, and evidence-based. The DMF (NMBA, 2022b) contributes to flexibility in practice and enables reflection on current practice and practice change.

Additionally, NMBA has developed a Scope of Practice factsheet *Scope of practice and capabilities of nurses and midwives* (NMBA, 2022a) which provides guidance on the scope of practice of nurses and midwives. This factsheet offers a high-level collective synopsis of the NMBA's registration standards, standards for practice, codes and guidelines and offers guidance for stakeholders such as employers, private and public health services, and other health practitioners, on the varying roles and scope of practice of registered nurses, enrolled nurses, nurse practitioners and midwives (NMBA, 2016a, 2016b, 2016c, 2016d, 2018b, 2018d, 2018e, 2021a). Employers can use the information as a starting point, when determining which practitioner best suits the needs and requirements of a health service. It can also provide clarity and guidance to the public when receiving care and treatment from a nurse or midwife.

Stakeholders are encouraged to utilise both the DMF (NMBA, 2022b) and Scope of Practice factsheet (NMBA, 2022a) and standards for practice in making decisions regarding scope of practice and delegation of activities.



Refer to:

[NMBA Enrolled Nurse Standards for Practice](#) (NMBA, 2016c)

[NMBA Registered Nurse Standards for Practice](#) (NMBA, 2016d)

[NMBA Midwife Standards for Practice](#) (NMBA, 2018d)

[NMBA Nurse Practitioner Standards for Practice](#) (NMBA, 2021a)

[NMBA Decision-making framework for nursing and midwifery](#) (NMBA, 2022b)

[NMBA Decision-making framework summary: Nursing](#) (NMBA, 2020a) and

[NMBA Decision-making framework](#)

[summary: Midwifery](#) (NMBA, 2020b)
[Positive Practice Environment Standards for Nursing and Midwifery](#) (QNMU, 2020)
[The National Rural and Remote Nursing Generalist Framework 2023-2027](#)
 (Australian Government, 2023a).
[Advanced Nursing Practice: Guidelines for the Australian context](#) (Chief Nursing and Midwifery Officers [CNMO] Australia, 2020)

Individual nurses and midwives can use the DMF and factsheet information (NMBA, 2022a & 2022b) to review and enhance their own scope of practice as: the information in the NMBA factsheet tables clarify the educational outcomes; provides examples of core activities and fundamental differences between each NMBA health practitioner category; and provides examples of some core activities that nurses and midwives carry out in practice, throughout their careers. However, it is stressed that nurses and midwives continue to develop their knowledge and skills and expand their scope of practice in line with role and professional expectations.

However, (particularly in the nursing profession) an individual's scope of practice will vary according to the activities, functions, responsibilities, and accountabilities for which they are educated, authorised and competent to perform. Although nurses and midwives are considered already competent to scope of practice at graduation, organisational and other barriers may exist that influence scope application (International Confederation of Midwives [ICM], 2019; NMBA, 2018d & 2022a).

Consequently, the scope of an individual nurse's or midwife's practice may be narrower than the scope of the nursing and midwifery professions (Nelson et al., 2014; NMBA, 2022a). Moreover, all nurses and midwives must be able to demonstrate requisite standards for practice, which are the minimal expectations to maintain annual registration. However, each nurse or midwife should strive to optimise their scope of practice in relation to role fulfilment and practice context.

Achievement of optimal scope of practice requires a complex interplay of professional attributes, experience, learning, scientific knowledge and critical thinking by the individual nurse or midwife to perform at the highest level of competence (knowledge, skills, and judgment) and confidence, and thereby make the utmost contribution to outcomes (CRNNS, 2015; NMBA, 2022a; Oldland, Botti, Hutchinson & Redley, 2020).

5.2.1 Advanced Practice

There continues to be an increase in nursing and midwifery role titles which include the term 'advanced', contributing to professional confusion regarding this term. As a mechanism to address this the Chief Nursing and Midwifery Officers – Australia have collaborated on the development of *Advanced Nursing Practice Guidelines for the Australian Context* (CNMO Australia, 2020) which are predicated on the Strong Model (the basis for the development of the *Career Pathways for Nurses and Midwives* in Queensland). The guidelines differentiate that 'advanced practice' refers to the:

level of nursing practice demonstrated as opposed to the term 'advanced practice nurse' that refers to the individual nurse demonstrating practice at an advanced level

(Ackerman, Norsen, Martin, Wiedrich & Kitzman, 1996; Australian College of Nursing (ACN), 2019, page 6; CNMO Australia, 2020, page 2; Gardner, Chang & Duffield, 2007; Gardner, Duffield, Doubrovsky & Adams, 2017). As such advanced practice in nursing is demonstrated by a level of practice including critical thinking, complex decision-making and safe autonomous practice and is not based on a job title or level of remuneration (CNMO Australia, 2020, page 2; Gardner et al., 2017; NMBA, 2020c).

The NMBA *Fact Sheet: Advanced nursing practice and specialty areas in nursing* were used to guide resource development (CNMO Australia, 2020, page 4; NMBA, 2020c).

Refer to the [Appendix 1: Glossary](#) for the definitions of 'advanced practice' and 'Nurse

Practitioner' (CNMO Australia, 2020, page 4; NMBA, 2020c).

The *Advanced Nursing Practice Guidelines for the Australian Context* (CNMO Australia, 2020) provide an outline of practice activities associated with advanced nursing practice across five (5) domains of the Strong Model of Advanced Practice (CNMO, Australia, 2020, page 9) with expectation that a level of practice across the domains is demonstrated within a nurse's or midwife's current role to meet the description of advanced practice (CNMO, Australia, 2020, page 9; Gardner et al., 2017).



Refer to:

[NMBA Fact Sheet: Advanced nursing practice and specialty areas within nursing](#) (NMBA, 2020c)

[Advanced Nursing Practice: Guidelines for the Australian context](#) (CNMO Australia, 2020)

Within the profession of midwifery, expanded practice refers to having knowledge and skills in areas of practice within the midwives' recognised scope of practice but may not be commonly undertaken, for example, performing ultrasound, working as a child and family health practitioner or a sexual reproduction health practitioner. Expanded knowledge and skills must remain in accordance with the practice of midwifery as defined by the International Confederation of Midwives (ICM) and the NMBA (ICM, 2017; NMBA, 2022b).

5.2.2 Queensland Context

In Queensland the Nurses' and Midwives (Queensland Health) Award (Queensland Industrial Relations Commission [QIRC] [Schedule 2 pp 65-116], 2022a) provides clarity in relation to the expectation of each classification of Nursing and Midwifery NG1 – 13.2 within five (5) Domains comprising: Direct comprehensive care or provision of direct care; Support of Systems; Education; Research; and Professional Leadership. The specific attributes identified within each of the five (5) Domains of the Generic

Level Statements of each Classification of the Award (Ackerman et al., 1996; QIRC [Schedule 2 pp 65-116], 2022a) indicates responsibilities for each nursing or midwifery classification and the basis for consideration of scope of practice capabilities.


A comprehensive appreciation of scope of practice is integral to a nurse's or midwife's ability to undertake their roles and responsibilities in line with their education preparation, demonstrated competence and authorisation according to context of practice (NMBA, 2022b).

Accordingly, within the Queensland Health Nursing and Midwifery Pathways (SoQ (QH), 2023b) a behaviour/capability has been included in the Education Domain for every classification of nursing and midwifery requiring each nurse and midwife to:

Continuously build on foundational education to enhance knowledge and skills to optimise scope of practice.

All nurses and midwives have a professional responsibility to achieve the relevant NMBA Standards for Practice and to utilise principles of lifelong learning to exhibit comprehensive knowledge and skills through undertaking quality education relevant to their area of practice or professional interest (NMBA 2022a & 2022b).

5.3 Professionalism

There is little consensus in the literature regarding the meaning of professionalism (Azemian, Ebadi & Afshar, 2021; Hodges, Paul & Ginsburg, 2019; Mark, Salzer & Wan, 2003; Registered Nurses' Association of Ontario [RNAO], 2007). However, professionalism in nursing and midwifery is a multidimensional concept comprising a broad range of generally recognised descriptors or attributes that have been noted in international literature (Azemian et al., 2021; Hodges et al., 2019; Mark et al., 2003; RNAO, 2007; WHO, 2021a). These include (but are not limited to): knowledge based on evidence; a spirit of inquiry; intellectual and individual responsibility/accountability (relevant to role authorisation); autonomy (QIRC, 2022a & 2022b); specialisation ; innovation and vision;

collegiality and collaboration; and a well-developed group consciousness (ethics and values) (Hodges et al., 2019; Mark et al., 2003; RNAO, 2007).

Professionalism in nursing and midwifery refers to behaviour that reflects the highest standards, competence, and skill. Demonstrating professionalism involves providing high-quality patient care while upholding values of integrity, advocacy accountability, and respect (ICM, 2014; NMBA, 2018b [updated 2022]).

Achievement of professional tenets and optimal scope of nursing and midwifery practice requires the individual to: be familiar with the legislation and professional body requirements; demonstrate professional standards; and put into action the values and attributes of the profession and organisation when providing care and collaborating with consumers, nursing or midwifery colleagues, interprofessional health care team members and others (e.g., external

providers, Higher Education Sector [HES]) (Azemian et al., 2021; CRNNS, 2015).

No matter how experienced a nurse or midwife is, prioritising the attributes of professionalism and actively engaging as a lifelong learner will assist nurses and midwives to fulfill regulatory, legislative social and professional responsibilities and develop a sense of professional belonging and wellbeing that will facilitate interprofessional collaboration, teamwork, and achievement of quality person-centred / woman-centred care (Azemian et al., 2021).

To achieve professionalism, nurses and midwives must participate in their continuing professional development. ([Refer to Section 8: Continuing Professional Development](#)).

6. Nursing and Midwifery Education Context

Realisation of [Section 4: Assumptions](#) and [Section 5: Nursing and Midwifery Leadership, Scope of Practice and Professionalism](#) underpin the effective application of the *Framework* and achievement of expected nursing and midwifery education outcomes in the workplace. A comprehensive appreciation of role attributes, scope of opportunities, types of activities and the extent and nature of support, supervision, and guidance available become fundamental to evaluating how individuals learn and apply key principles to workplace practices (Fox, 2013; Liljedahl, Björck & Bolander Laksov, 2022).

Nursing and Midwifery Educators play a key role in facilitating workplace learning by assisting nurses and midwives to obtain requisite knowledge and skills for providing care and managing within complex healthcare environments (Fox, 2013). This Educator role enhances partnerships, facilitates translation of knowledge to practice, supports application of practice standards to build a sustainable, professional, and capable workforce by adjusting focus to address learning, and education needs within the context of practice (Fox, 2013; Tachtsoglou, Iliadis, Frantzana, Papathanasiou, Mantzaris, & Kourkouta, 2021). Application of the tenets of the *Framework* are reliant on a shared governance approach. Therefore, depending on context of practice and other specific circumstances, Nursing and Midwifery Educators and others (e.g., Clinical Nurse/Midwife – Clinical Facilitators, Clinical Coach) whose role has an education emphasis will focus on one or a combination of the tenets of the *Framework* to enable workplace development opportunities for nurses and midwives, to facilitate achievement of practice standards and optimal outcomes (Fox, 2013; Thornton, 2018). Accordingly, Nursing and Midwifery Educators support a culture of learning in the workplace; function as custodians of standards; act as a resource ‘safety net’ and advocate for the achievement of best practice (Fox, 2013; Thornton, 2018). Therefore, a core responsibility of the Nursing and Midwifery Educator and other associated roles is to support

self-directed lifelong learning in partnership with colleagues to contribute to the continuing development of the individual and the profession and achievement of best practice outcomes (Fox, 2013; Thornton, 2018).

The responsibility of the individual is to engage in active lifelong learning as continuous, collaborative, self-directed learning applicable to one’s profession as well as all aspects of life (Merlino, 2019; State of Queensland [SoQ] (Jobs Queensland [JQ]), 2020). A self-directed learner actively participates in a lifelong learning cycle by: assuming responsibility, setting goals, identifying resources for learning, and reflecting on and evaluating their learning (Merlino, 2019; SoQ (JQ), 2020; Thornton, 2018). By integrating work and learning, the individual acquires, engages and applies knowledge within the authentic context of work, role expectations and personal aspirations to achieve desired outcomes (Fischer, 2014; Merlino, 2019; SoQ (JQ), 2020; State of Queensland (Public Service Commission [PSC]), n.d.; SoQ (PSC), 2008).

It is also acknowledged that to achieve optimum utilisation of the nursing and midwifery workforce there needs to be acceptance that care is not just a collection of tasks (SoQ (Queensland Health [QH]), 2021a). As such, the context of care, consumer and population health needs, workforce knowledge, skills and mechanisms in place to progress the individual’s capacity to meet workplace expectations must be considered in relation to professional principles, codes of practice, standards and obligations (Besner, Doran, McGillis Hall, Giovanetti, Girard, Hill, Morrison & Watson, 2005; College of Registered Nurses of Nova Scotia [CRNNS], 2005; Figueroa, Harrison, Chauhan & Meyer, 2019; Nursing and Midwifery Board of Australia [NMBA], 2018a, 2018b & 2018e; White, Oelke, Besner, Doran, McGillis Hall & Giovannetti, 2008). Moreover, nursing and midwifery practice is not restricted to the provision of direct clinical care, but rather extends to any role where a nurse or midwife uses their skills and knowledge to inform and optimise practice to meet role

expectations (Chief Nursing and Midwifery Officers [CNMO] Australia, 2020; Queensland Industrial Relations Commission [QIRC], 2022a & 2022b, NMBA, 2020c).

In working towards achieving suitable clinical, professional, and organisational outcomes, it is contended that the employer has a responsibility to provide a learning environment that assists staff to effectively manage change, supports career development, facilitates remedial education, and promotes self-directed learning (Billett, 2016; Fox, 2013; Mlambo, Silén & McGrath, 2021; Queensland Nurses' and Midwives' Union of Employees [QNMU], 2020; Schoonbeek & Henderson, 2011; Thornton, 2018). The significance of ongoing learning and individual development to maintain work practice currency and professional competence is further reinforced by health professional registration mandatory requirements in Australia (NMBA, 2016a & 2020c), governance, and systems. In applying the tenets of the *Framework*, governance, philosophy, and organisational processes need to be considered and incorporated in all educational support activities to foster consistency in direction, and optimise best practice, and other intended outcomes (Figueroa et al., 2019; Mlambo et al., 2021; SoQ (JQ), 2020).

Additionally, resources that underpin fiscal and workforce objectives, strategic direction, education, training, and research fundamental requirements have been used to inform the *Framework*. These resources which are nominally updated every two years include (but are not limited to):

Strategies Frameworks and Action Plans

- [Leadership Strategy for Nurses and Midwives](#) (State of Queensland (Queensland Health), 2023a)
- [Queensland Health HealthQ32: A vision for Queensland's Health system](#) (State of Queensland (Queensland Health), 2023c)
- *Queensland Health Workforce Strategy action plan*; Horizon 1 2022 – 2024

- (State of Queensland (Queensland Health), n.d.[b]) (pending publication)
- [Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033](#) (State of Queensland (Queensland Health), 2010 [Reprint, 2015])
- [Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework](#) (State of Queensland (Queensland Health) and Queensland Aboriginal and Islander Health Council (QAIHC), 2021)
- Local HHS Health Equity Strategy
- [Queensland Health System Outlook to 2026 for a sustainable health service](#) (State of Queensland (Queensland Health), 2019a)
- [Advancing health service delivery through workforce: A strategy for Queensland 2017 – 2026](#) (State of Queensland (Queensland Health), 2017)
- [Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026](#) (State of Queensland (Queensland Health), 2016a)
- [Rural and Remote Health and Wellbeing Strategy 2022–2027](#) (State of Queensland (Queensland Health), 2022b)
- [Prevention Strategic Framework 2017 – 2026](#) (State of Queensland (Queensland Health), 2020a)
- [Department of Health \(DoH\) Strategic Plan 2021-2025 \(November 2022 update\)](#) (Queensland Health, 2022a)
- [Hospital and Health Service Strategic Plan](#) (as relevant to the HHS)
- [My health, Queensland's future: Advancing health 2026](#) (State of Queensland (Queensland Health), 2016b)
- [Queensland Health Workforce Diversity and Inclusion Strategy 2017-2022](#) (Queensland Health, 2015)


- [Advancing rural and remote health service delivery through workforce: A strategy for Queensland 2017-2026](#) (State of Queensland (Queensland Health), 2017).
- [2020-2025 National Health Reform Agreement \(NHRA\)](#) (Australian Government (Department of Health and Aged Care), 2020)
- [National Health Care Reform Agreement – Addendum 2020-25](#) (Council of Australian Governments (COAG), updated 2020)
- [Office of the Chief Nursing and Midwifery Officer Strategic Plan](#) (Queensland Government (Clinical Excellence Division), n.d.)

Nursing and Midwifery Resources

- [Nurses and Midwives \(Queensland Health\) Award – State 2015 \(2022 State Wage Case Reprint\)](#). (QIRC, 2022a)
- [Nurses and Midwives \(Queensland Health and Department of Education\) Certified Agreement \(EB11\)](#) (QIRC, 2022b)
- Professional Standards (including NMBA Standards for Practice, NMBA Codes of Conduct, International Council of Nurses (ICN) Code of Ethics and International Confederation of Midwives (ICM) Code of Ethics) (ICM, 2014; ICN, 2021a; NMBA, 2016c, 2016d, 2018b, 2018d, 2018e & 2021a). ([Refer to Section 9: Clinical, Professional and Organisational Learning](#)).
- [Advanced Nursing Practice: Guidelines for the Australian context](#) (CNMO Australia, 2020)
- [Global strategic directions for Nursing and Midwifery 2021 – 2025](#) (World Health Organization, 2021b)
- [Nursing and Midwifery Research Framework](#) (State of Queensland (Queensland Health), 2020b)
- [Succession Management and Mentoring Manual and Toolkit for Nurses and](#)

- [Midwives](#) (State of Queensland (Queensland Health), 2019b).
- [Clinical Supervision Framework for Queensland Nurses and Midwives](#) (State of Queensland (Queensland Health), 2021b)
- [Positive Practice Environment Standards for Nursing and Midwifery](#) (QNMU, 2020)
- [The National Rural and Remote Nursing Generalist Framework 2023-2027](#) (Australian Government, 2023a).
- [National Nursing Workforce Strategy](#) (Australian Government (Department of Health and Aged Care), 2023b).
- Nursing and Midwifery Directors of Education Forum: A Strategic Action Plan for Lifelong Learning Statewide 2023 – 2025 (available from Nursing and Midwifery Director Education Lead for the HHS).

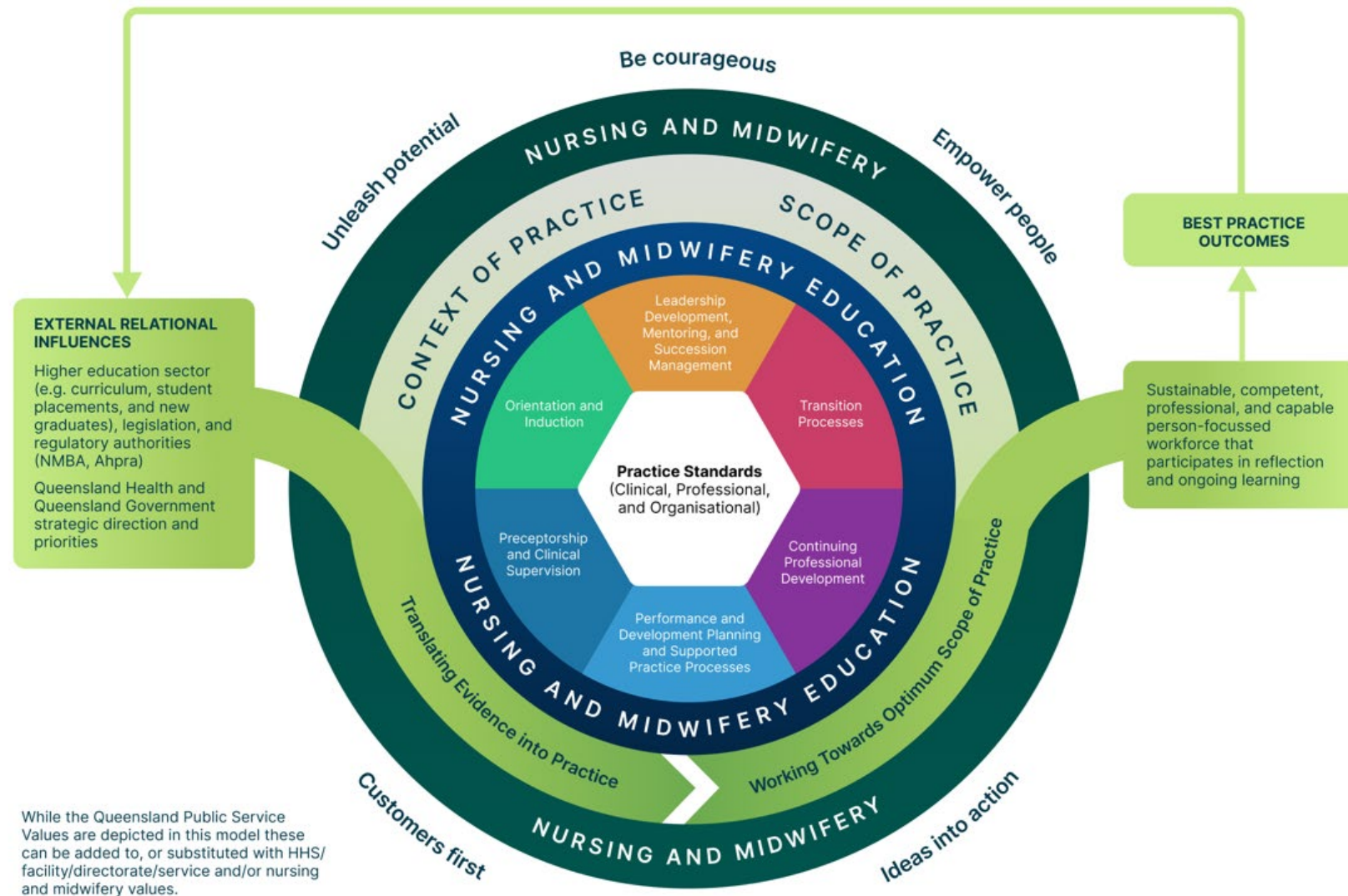
Sound comprehension of strategic direction, action plans, frameworks, operational strategies, and standards encourages engagement in critical reflection by the nursing and midwifery professions in relation to responsibility to lifelong learning (refer to additional documents above). To embed and foster effective application of the tenets of the *Framework* a Queensland Health Education Action Plan that emphasises vision, educational priorities, key strategies, actions, and indicators (e.g., key performance indicators) is developed annually. Subsequently the plan is adopted and contextualised in the form of an HHS Nursing and Midwifery Education Action Plan. This HHS plan, which is updated annually, should be developed in collaboration with nursing and midwifery key stakeholders, and endorsed for application across the HHS by nursing and midwifery governance. The intent of this plan is to promote consistency in offerings, clarity of initiatives and ability to measure KPIs and benchmark outcomes. As such, it is critical that Nursing and Midwifery leaders, line managers and Nursing and Midwifery Educators exhibit a comprehensive appreciation of the intent of the *Framework*.



Additionally, Nursing and Midwifery Educators and leaders require a thorough grasp of their classification and role (through reflective processes) to effectively lead, support, and nurture the development of others to achieve expectations (Metro North Hospital and Health Service [MNHHS], 2017; QIRC, 2022a & 2022b).

To assist nursing and midwifery stakeholders gain an overarching perspective of internal and external influences and concepts impacting and supporting application of nursing and midwifery education services through knowledge translation, partnerships, and capacity building initiatives the following Nursing and Midwifery Education Model ([Figure 1](#)) has been developed (adapted from State of Queensland (Queensland Health), 2018a). This Model ([Figure 1](#)) is provided as an example that can be used by Nursing and Midwifery Educators, nursing and midwifery leaders, teams, and individuals to promote reflection and dialogue regarding concepts underpinning nursing and midwifery education, and the intent of the Framework.

Figure 1: Nursing and Midwifery Education Model – Example





N.B. The figures contained within the 'Framework' have been included to provide examples to those responsible for development, education outcomes and guiding nursing and midwifery staff performance as well as for application to roles and responsibilities by all nursing and midwifery colleagues.

The figures provide visual representations that demonstrate the complexity of nursing and midwifery roles, and responsibilities. They also assist those with stewardship in guiding others to support a continuum of learning, development, optimisation of scope of practice, and career progression in an environment where healthcare takes precedence. HHSs can incorporate context specific figures and/or models to further support theoretical explanation related to nursing and midwifery education, lifelong learning, and associated activities.

The model depicted as [Figure 1](#) is a diagrammatic representation of the internal and external factors, and processes that influence industry workplace nursing and midwifery education engagement, actions, and outcomes.

The intent of including this example model ([Figure 1](#)) is to emphasise the notion that nursing and midwifery education services are:

"...dynamic and construct learning pathways and a culture of workplace learning via interface with external/internal partners. This occurs simultaneously while functioning as a custodian in building a capable, sustainable professional workforce who demonstrates best practice care, and compassion for consumers" (Fox, 2013 p.199).

Positioning nursing and midwifery education at the centre of the Model ([Figure 1](#)) depicts the

situation and contribution of nursing and midwifery education services in location and context. The core responsibilities of Nursing and Midwifery Educators depicted around the hexagonal border (e.g., transition processes, mentoring, and preceptorship) illustrate the complexity of nursing and midwifery core activities in translating evidence into practice and working towards assisting colleagues to optimise their scope of practice. At any time, depending on specific circumstances the focus is either singular or a combination of core activities.

Each component of the representation ([Figure 1](#)) is relational as in practice every educational core activity is impacted and managed according to internal and external influences.

The concentric circles forming the outer aspect of the representation ([Figure 1](#)) identifies internal HHS and organisational relational processes. These include context of practice (e.g., facility/directorate/service capability, teams, and individuals), governance, core values (refer to footnote on [Figure 1](#)) and structure of nursing and midwifery. It is important that each of the internal relational process is considered by the Nursing and Midwifery Educator in respect to effective achievement of core activities (as depicted in the central aspect of the representation).

External relational influences such as the Higher Education Sector [HES] (e.g., curriculum, student placements, and new graduates), legislation, regulatory authorities (e.g., NMBA, Australian Health Practitioner Regulation Agency [Ahpra]) and Queensland Health and Queensland Government strategic direction and priorities underpin and influence all aspects of the professions of nursing and midwifery from when colleagues first enter the professions as students, and continues through their advancement within their chosen specialty ([Figure 1](#)). The intent of this representation is to demonstrate the integral and constant influences that are purposefully directed to nursing and midwifery education services across the continuum to support lifelong learning. As such, these influences are addressed by nursing and midwifery education services through the application of the depicted core responsibilities to optimise achievement of a

sustainable, professional, and capable person-focused workforce at all classifications of nursing and midwifery that translates evidence into practice and works towards optimum scope of practice for each classification of nurse and midwife. Intrinsically, practice standards are at the core of the model and strongly influences every component of the model and its application.

The goal is to create a sustainable, competent, and capable workforce to achieve best practice outcomes that can in turn influence HES partners and strategic direction and priorities that impact on nurses and midwives.

Therefore, Nursing and Midwifery Educators and other key stakeholders are encouraged to review the *Award*, professional requirements, and practice standards to engage in critical thinking and reflection about how these are applied, supported and evaluated to achieve expected nursing and midwifery outcomes and lifelong learning (QIRC, 2022a).

While not prescriptive the *Framework* is intended to inspire, and challenge Nursing and Midwifery Educators, leaders, and others to consider how key principles identified are applied in a dynamic proactive manner to provide structure and achieve consistency and continuity across nursing and midwifery education industry services within Queensland.

Additionally, it is acknowledged that there is not one 'right way' to provide or engage in teaching and learning for the nursing and midwifery professions as this approach would leave little room for reflection, questioning or change. However, the content sections, models and standards comprising the *Framework* provide a platform to support nurses and midwives structure ongoing learning in their practice environment to attain their professional goals, clinical standards, optimum scope of practice, and requisite organisational information. As such, ongoing learning and reflection are fundamental concepts of the *Framework* which if supported effectively should generate engagement; questioning; change in behaviour and practice

that benefits the individual, professions, and the organisation (Fox, 2013; Mlambo, Silén & McGrath, 2021).

The role of the Nursing and Midwifery Educator and others (e.g., Clinical Nurse or Midwife - Clinical Facilitators, Clinical Coach) participating in, and supporting reflective practice and ongoing learning assists deliberation on their own practice and should facilitate seeking new ways to build professional knowledge, develop learning communities and a culture of lifelong learning. A commitment to a strong culture of learning is critical in developing the profession and encouraging participation in lifelong learning including training, education, and research (Fox, 2013; Mlambo et al., 2021).

The premise is learning, and development are essential components of professional practice, and alignment of these to PDP enables support for a culture of learning (Fox, 2013; Mlambo et al., 2021). As such, alignment of learning to performance and development is an underlying theme throughout each section of the *Framework*.

To achieve professional expectations of a sustainable person-focused/woman-focused workforce that participates in reflection, and ongoing learning, a nurturing culture that supports lifelong learning is requisite within the workplace (Fox, 2013; Mlambo et al., 2021). Fundamentally, lifelong learning is essential in maintaining contemporary skills, knowledge, and ability to translate contemporary evidence effectively into practice.



N.B. *The content within this Framework is offered in sections to assist the reader explore concepts related to nursing and midwifery teaching, learning, standards, and requisite outcomes. The Framework design provides opportunity to focus on singular or multiple section/s according to priority needs.*

While the reader may at times gain a view there is some repetition of content in various sections of the Framework, the intent is to provide a fulsome resource that reinforces salient principles and highlights the association between particular concepts to enable linkage and/or application of individual section content.

However, it is recommended that the Framework is read in entirety and the relevant content, models, tenets, and standards are noted before attempting to apply workforce development activities or initiating Performance and Development with staff.

7. Lifelong Learning

Lifelong learning is generally described as the "ongoing, voluntary, and self-motivated" pursuit of knowledge for either personal or professional reasons (Ates & Alsai, 2012). While there is no standardised definition of lifelong learning, it generally refers to the advancement of one's education through the acquisition of qualifications or certifications and/or through participation in continuing professional development opportunities and other scholarly activities (Merlino, 2019; Mlambo, Silén & McGrath, 2021; Queensland Nurses' and Midwives' Union of Employees [QNMU], 2020; State of Queensland [SoQ] (Jobs Queensland [JQ]), 2020). The Nursing and Midwifery Board of Australia [NMBA] requirement to undertake specified professional development hours to meet registration standards annually forms a component of the tenets of lifelong learning (NMBA, 2016b). ([Refer to Section 8: Continuing Professional Development](#)).

Lifelong learning provides a model that enables individuals to adopt a lifelong learning mindset and a rationale for industry to foster a learning culture in the workplace (Lewis, Williams & Dawson, 2020; Mlambo et al., 2021; SoQ (JQ), 2020; Wolcott, McLaughlin, Hann, Miklaveč, Beck Dallighan, Rhoney & Zomorodi, 2021).

Hence for the purpose of the *Framework* the current context of lifelong learning is defined as:

the provision or use of both formal and informal learning opportunities throughout people's lives to foster the continuous development and improvement of the knowledge and skills needed for employment and personal fulfilment (Collins, 2018).


To maintain a contemporary knowledge base and best practice, it is important that nurses and midwives demonstrate commitment to lifelong learning and development of a lifelong learning mindset (Bridges, Herrin, Swart & McConnell, 2014; Chichester, 2011; Cleary, Horsfall, O'Hara-Aarons, Jackson & Hunt, 2011; Collins, 2009; Fischer, 2014; Lewis et al., 2020; Mlambo et al.,

2021; SoQ (JQ), 2020; Wolcott et al., 2021). In the rapidly changing health care environment, it is improbable to assume that knowledge and skills remain static. Therefore, to inspire nurses and midwives to provide contemporary, relevant, evidence-based care it is essential that they are supported in their workplace to undertake multiple forms of learning (Kitto, Goldman, Schmitt & Olson, 2014; Mlambo et al., 2021; QNMU, 2020). Fostering learning; supporting retention of new knowledge and skills; and building capacity encourages active participation in lifelong learning, which is essential to engagement enhanced through enquiry; and a healthy organisational learning culture (Queensland Health [QH], 2022a; SoQ (JQ), 2020).

There are immense benefits to be gained from striving for a community that views learning as an essential part of peoples' working lives and which has workplace cultures that value and encourage continual learning (SoQ (JQ)), 2020). Benefits include but are not limited to:

- Personal growth and development
- Increased employability
- Pursuit of interests and maintenance of workforce
- Increased workforce resilience, and wellbeing
- Improved productivity and organisational capacity and capability
- Increased workforce capability and ability to achieve innovation
- Meet professional, regulatory and industry standards

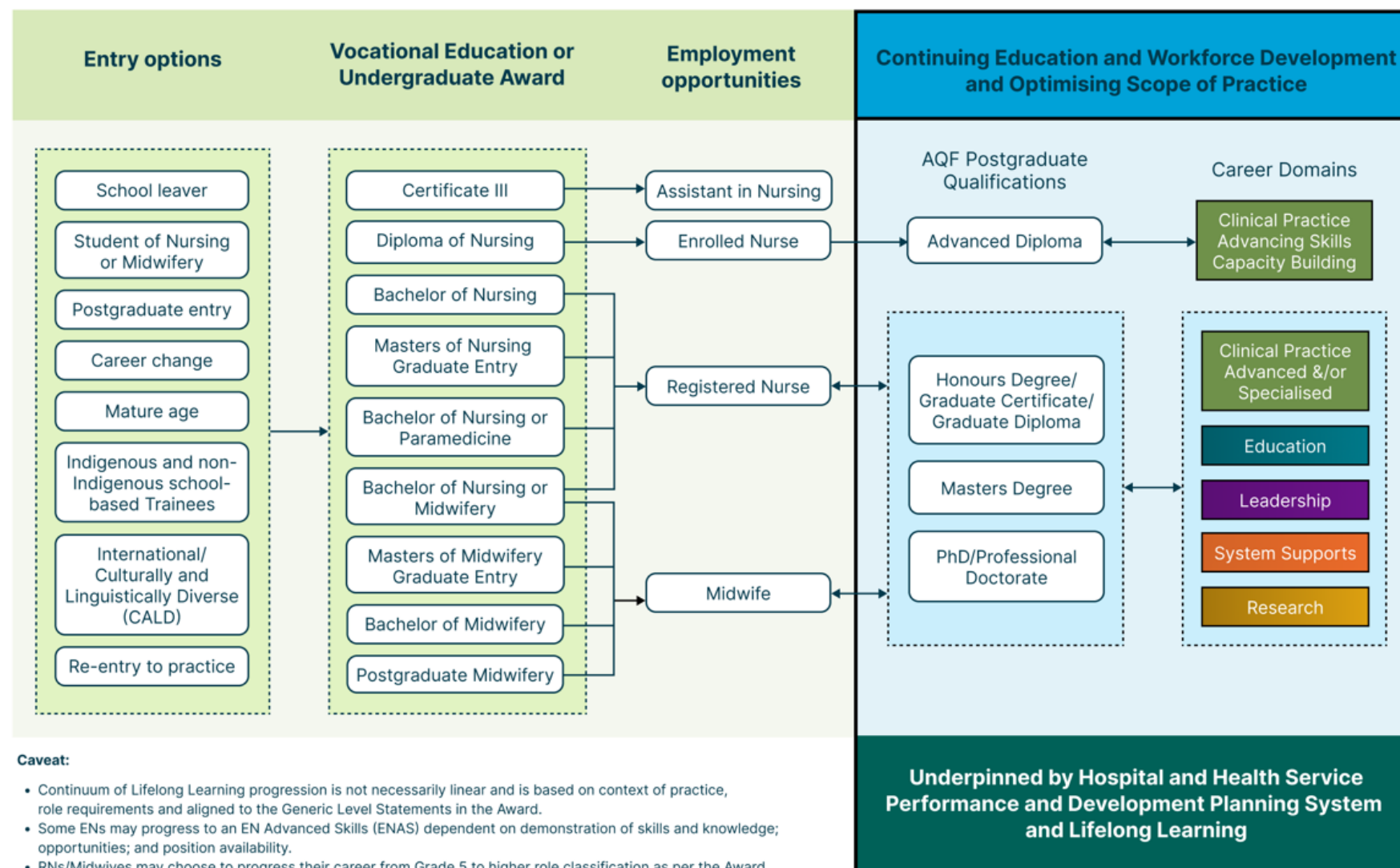
To achieve this commitment there is an expectation that nurses and midwives actively participate in learning activities that assist in developing, and maintaining their continuing competence, to enhance their professional practice (NMBA, 2016a; Pool, Poell & Cate, 2012; QNMU, 2020). Additionally, to build capacity, retain staff, provide effective services, and establish a talent pipeline, it is essential that the employer and line manager support



engagement in lifelong learning activities for all classifications of staff. (Refer to [Section 8: Continuing Professional Development](#)).

The expectation for continuation of learning equips one for work roles and life experiences. [Figure 2](#) is provided as an example of various pathways to enter the nursing and/or midwifery professions and continue to develop, learn, and gain relevant academic awards throughout one's working life.

Figure 2: Example of Nursing and Midwifery Continuum of Lifelong Learning



Caveat:

- Continuum of Lifelong Learning progression is not necessarily linear and is based on context of practice, role requirements and aligned to the Generic Level Statements in the Award.
- Some ENs may progress to an EN Advanced Skills (ENAS) dependent on demonstration of skills and knowledge; opportunities; and position availability.
- RNs/Midwives may choose to progress their career from Grade 5 to higher role classification as per the Award dependent on demonstration of skills and knowledge; opportunities; and position availability.
- ENs, RNs and Midwives are able to advance to optimising scope of practice based on training and successful assessment.
- There are many dual degrees that include nursing or midwifery qualification. Only the most common dual degrees are noted here.

Active participation in lifelong learning also supports career goals and is important for an individual's competitiveness and employability, as well as enhancing social inclusion, active citizenship, and personal development (Mlambo et al., 2021; SoQ (JQ), 2020; Tachtsoglou, Iliadis, Frantzana, Papathanasiou, Mantzaris & Kourkouta, 2021). Therefore, lifelong learning should be a process of continuous learning with the aim of improving knowledge and skills (Laal, 2011; Mlambo et al., 2021; Stella, 2012).

An individual's career is influenced by multiple factors such as interests, age, education, family and cultural values, all of which may change over time. Therefore, it is generally expected that individuals make changes throughout their career, adopting a lifelong learning mindset to foster a learning culture in their workplace and keep pace with skill changes and role requirements (Hakvoort, Dikken, Cramer-Kruit, Nieuwenhuyzen, van der Schaaf & Schuurmans, 2022; Laal, 2011; SoQ (JQ), 2020; Stella, 2012).

Lifelong learning is more than adult education and/or training but rather a mindset and a custom for individuals to acquire (Lewis et al., 2020; Mlambo et al., 2021; Stella, 2012; Wolcott et al., 2021). The premise is that individuals are, or can become, self-directed learners, who recognise the value in engaging in lifelong learning (Mejía-Manzano, Sirkis, Rojas, Gallardo, Vázquez-Villegas, Camacho-Zuñiga, Membrillo-Hernández & Caratozzolo, 2022). A supportive learning culture where Nursing and Midwifery Educators have a teaching mindset will further enhance individual engagement in lifelong learning (Mejía-Manzano et al., 2022; Wolcott et al., 2021).

Moreover, lifelong learning in the form of continuing professional development is considered as a qualitative indicator in the health discipline, as it can improve health professionals' knowledge and skills, as well as professional care (Lera, Tachtsoglou, Iliadis, Frantzana & Kourkouta, 2020). As such, effective application of the principles of the *Business Planning Framework: The methodology for nursing and midwifery workload management, 6th edition* (SoQ (QH), 2021a) will facilitate ongoing

educational opportunities. However, it is recognised that practicalities such as financial implications, family commitments and workforce pressures from time to time may impede ready access or release to attend educational opportunities (Hobbs, Devenish, Long & Tippet, 2021).

The terms lifelong learning and continuing professional development are often used interchangeably (Quinn & Hughes, 2013; United Nations Educational, Scientific and Cultural Organization [UNESCO] Institute for Lifelong Learning, 2020). Consequently, for the purpose of the *Framework*, application and clarity of terms, nurses and midwives participating in CPD are viewed as lifelong learners who engage in context-related learning that should facilitate change, develop new beliefs, and contribute to a culture of learning (Billett, 2016; Mlambo et al., 2021; Morgan, Cullinane & Pye, 2008; Murphy & Calway, 2008; SoQ (JQ), 2020; Young & Patterson, 2007).

Engagement in lifelong learning is a voluntary, multifaceted approach with the purpose of achieving personal, professional, and organisational expectations through formal and informal education/development (UNESCO Institute for Lifelong Learning, 2020).

Standards for Lifelong Learning

Participation in lifelong learning throughout one's life provides opportunities to improve quality of life, knowledge, and skills, through achievement of personal and professional goals (Hobbs et al., 2021; UNESCO Institute for Lifelong Learning, 2020). To promote engagement in lifelong learning the following standards are provided.

Standards for Lifelong Learning

- Nurses and midwives demonstrate a lifelong commitment to excellence in practice through continuous learning and evaluation of evidence.
- Nurses and midwives commit to living professional and organisational values and engage in lifelong learning, reflection, enquiry, and collaborative

practice as key aspects of their professionalism.

- Nurses and midwives foster the learning of others through a commitment to mentoring/preceptoring, supervising and teaching.

Lifelong learning supports the development and honing of skillsets that can be an asset to the individual and the professions. By developing skills and abilities through Continuing Professional Development an individual demonstrates commitment to the profession, their career, and the organisation (Mlambo et al., 2021).

8. Continuing Professional Development

Continuing Professional Development (CPD) is the term used to describe the long term, ongoing process of additional learning undertaken to enhance abilities within the workplace and it is fundamental to a nurse's or midwife's lifelong learning to acquire and maintain the necessary knowledge and skills to provide person-centred/woman-centred, safe and effective care (Cusack & Verdonk, 2020; King, Taylor, Talpur, Jackson, Manley, Ashby, Tod, Ryan, Wood, Senek & Robertson, 2021; Mlambo, Silén & McGrath, 2021; Vázquez-Calatayud, Errasti-Ibarrondo & Choperena, 2021). CPD makes learning conscious and proactive and offers an individual the opportunity for upskilling regardless of where they are situated in their career (King et al., 2021; Mlambo et al., 2021; Vázquez-Calatayud et al., 2021). As such CPD is defined as

a life-long process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhancing their professional practice, and supporting achievement of their career goals

(King et al., 2021; Pool, Poell & ten Cate, 2012).

The aim of CPD is to develop personal and social abilities, sustain competence, and introduce new skills (Mlambo et al., 2021; Ross, Barr & Stevens, 2013), thereby promoting growth and development in the profession, and protecting the public by providing ethical, effective, and safe practice (Fahey & Monaghan, 2005; Morgan, Cullinane & Pye, 2008; Hakvoort, Dikken, Cramer-Kruit, Nieuwenhuyzen, van der Schaaf & Schuurmans, 2022; Nursing and Midwifery Board of Australia [NMBA], 2016a & 2016b; Sjukhusläkaren, 2005).

The view that CPD supports a lifelong learning paradigm, and that nursing and midwifery as professions have a responsibility to promote, is reinforced by the [Nursing and Midwifery Board of Australia \(NMBA\) Registration Standard: Continuing professional development](#) (NMBA, 2016a; p4) that identifies CPD as:

...the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.


To assist nurses and midwives appreciate CPD requirements, the NMBA provides a diagrammatic representation ([Figure 3](#)) of an annual CPD cycle.

 Refer to:
[NMBA Registration Standard: Continuing professional development](#) (NMBA, 2016a; p4)
[NMBA Guidelines: Continuing Professional Development](#) (NMBA, 2016b)

Figure 3: NMBA Continuing Professional Development (CPD) Guideline Cycle



Adapted from NMBA CPD Guidelines (NMBA, 2016b)

 Please note that annual reflection on learning and development needs, and participation in the CPD cycle identified in [Figure 3](#) is the responsibility of each individual nurse or midwife as per the NMBA Guidelines: Continuing Professional Development (NMBA, 2016b).

This CPD cycle identifies steps involved in meeting the CPD Registration Standard (NMBA, 2016a) to maintain annual registration. The NMBA (2016a) recommends that a range of CPD activities relevant to an individual's professional practice (refer to [Section 9.2: Professional Learning](#)) are undertaken over the course of the annual registration period with participation documented contemporaneously in a CPD journal or portfolio. (Refer to [Appendix 2: Examples of CPD Activities](#)).



Refer to:

[NMBA Guidelines: Continuing Professional Development](#) (NMBA, 2016b)

[NMBA Fact sheet: Continuing professional development](#) (NMBA, 2022f)

To maintain registration, nurses and midwives involved in any form of nursing and midwifery practice in Australia are required to participate in, maintain and provide evidence of annual CPD relevant to the context of practice. If not working in the professions for any reason (e.g., maternity leave, extended overseas travel, moving overseas, an extended career break or retirement) and one wishes to maintain registration, CPD must be completed in relation to individual context of practice (NMBA, 2016a & 2016b).

In Australia the CPD hours required to be completed each year vary between 20-40 hours depending on the registration type of the nurse or midwife. (NMBA, 2016a & 2016b). (Refer to [Appendix 3: Annual Minimum Required CPD Hours as per Registration Type](#))

From a regulatory standpoint, CPD is valuable as it informs the scope and progression of nursing and midwifery practice, promotes currency of knowledge and competence, and contributes to patient safety (Cusack & Verdonk, 2020; NMBA 2016). As such, to facilitate engagement in CPD opportunities that foster development, advance clinical, leadership, management, education and research knowledge and skills should be offered to each nurse or midwife in line with service needs, role expectations and individual

developmental requirements (King et al., 2021; Mlambo et al., 2021; Vázquez-Calatayud et al., 2021). Refer to the Generic Level Statements in the Nurses & Midwives [Queensland Health] the Award (Queensland Industrial Relations Commission [QIRC], 2022a, Schedule 2, p65). Refer to [Section 9.2: Professional Learning](#)).



Refer to:

Nurses and Midwives (Queensland Health) Award - State 2015 (2022 State Wage Case Reprint) (QIRC, 2022a)

Relevant [Career Pathways for Nurses and Midwives](#) (State of Queensland [SoQ] (Queensland Health [QH]), 2023b).

In offering opportunities for engagement in CPD the employer is accountable for providing a positive engaging environment favourable to optimum practice and lifelong learning (Cusack & Verdonk, 2020; Jang, 2022; King et al., 2021; Mlambo et al., 2021; Queensland Nurses' and Midwives' Union of Employees [QNMU], 2020; SoQ (QH), 2018a; Vázquez-Calatayud et al., 2021). While relevance of CPD to the workplace is found to improve individual motivation, without support from strong enabling leadership and a positive workplace culture there will be variation in access, reduced engagement, satisfaction, and limited transformation of practice can occur (Jackson & Manley, 2022; King et al., 2021; Katsikitis, Mcallister, Sharman, Raith, Faithfull-Byrne & Prialux, 2013; QNMU, 2020; SoQ (QH), 2023a).

To promote effectiveness workplace CPD offerings should be diverse, multifaceted, and supported by a robust theoretical framework that encourages active engagement of nurses and midwives in the context of practice, and evaluated against predetermined criteria (Jang, 2022; Katsikitis et al., 2013; King et al., 2021; Morgan et al., 2008; Murphy & Calway, 2008; Skees, 2010; South African Qualifications Authority [SAQA], 2015; SoQ (QH), 2018a).

CPD offering should be based on adult learning principles, and include integrated learning and interactive, multimodal engaging teaching strategies (Jang, 2022). Delivery of CPD in a

traditional didactic lecture format in a classroom is no longer sufficient to meet the needs of the health care workforce (Jang, 2022). CPD should be delivered in multimodal formats, where learnings can take the form of mixed style approach (e.g., formal, informal and on the job learning) depending on the circumstances and context of the learning environment (Jang, 2022).

Nurses and midwives should be supported and encouraged to access different modes of learning and ways of knowledge acquisition and translation to promote utilisation of best evidence and attainment of requisite role expectations. (Refer to Section 9: [Clinical, Professional and Organisational Learning](#)).

To enhance clarity about what comprises CPD. Appendix 2 offers examples of workplace, formal, professional, and self-directed learning opportunities. It is important to note however that a large proportion of learning originates from experience in day-to-day practice (Jang, 2022; Health & Care Professions Council [HCPC], 2017). (Refer to [Appendix 2: Examples of Continuing Professional Development Activities](#)).

Moreover, CPD is also about personal commitment and self-motivation. This requires choices, decision making and recording the outcomes of individual learning and development, so professional portfolios must be maintained for a period of five (5) years from the date CPD is completed (NMBA, 2016b). All CPD records must be available for audit or if needed by the NMBA as part of an investigation arising from a notification (complaint) (NMBA, 2016b).

The expectation is that participation in CPD incorporates reflection based on questions including (but not limited to): “What did I learn?” and “How do I plan to apply this learning?” rather than simply “What learning event did I experience?” (Jang, 2022; King et al., 2021; Mlambo et al., 2021; SoQ (QH), 2018a; Vázquez-Calatayud et al., 2021). Additionally, CPD engagement promotes: accountability; an active role in programs and other offerings; deliberation, and documentation of individual application of the values and benefits of ongoing development; and lifelong learning from a personal, clinical,

professional and organisational standard perspective (Mlambo et al., 2021; Simmonds, 2003). (Refer to [Section 9: Clinical, Professional and Organisational Learning](#)).

Standards for CPD

Standards for CPD are supported as they apply to the individual, HHS/facility and work unit. Nurses and midwives should undertake CPD opportunities in line with role expectations and individual, clinical, professional, and organisational learning needs/goals as negotiated, and identified in their annual Performance and Development Plan (PDP) (QH, 2021b).

As per the *NMBA Registration Standard: Continuing Professional Development* (NMBA, 2016a) it is the responsibility of each nurse and midwife to participate in a *specified minimum* number of CPD hours annually according to respective registration type (NMBA, 2016a, 2016b & 2016e). (Refer to [Appendix 3: Annual Minimum Required CPD Hours as per Registration Type](#) and [Section 9.2: Professional Learning](#)).



Refer to:

[NMBA Registration Standard: Continuing Professional Development](#) (NMBA, 2016a)

Standards for CPD

- Registration is dependent on annual compliance with the Registration Standard Continuing Professional Development (NMBA, 2016a).
- Individual CPD activities relevant to context of practice, are undertaken to enhance capacity, capability, and professional and organisational learnings.
- Each nurse or midwife is required by NMBA to retain CPD records/portfolios including contemporaneous notes and reflections for a period of five (5) years from the date the CPD is completed (NMBA, 2016a).
- Individual CPD records must be available for audit, or if needed by the NMBA as part of an investigation arising from a notification (complaint) (NMBA, 2016b).
- CPD offerings (where applicable) are aligned to Department of Health, HHS/facility/work unit legislative and regulatory requirements, frameworks, strategies, reforms, plans, policies/procedures, business rules and service needs.
- Adequate infrastructure support and resources are allocated to sustain CPD programs, and processes including recordkeeping, evaluation against criteria and reporting.
- Organisational and professional CPD records of attendance and training resources are maintained for tracking, audit, and compliance purposes for a minimum of seven (7) years after business action completed (Queensland Government, 2020a).
- Records relating to credentialing issued to health professionals (which defines the scope of clinical practice for the employment of a health professional in a health facility) are retained for 40 years after staff accreditation is denied, lapsed, expired, or withdrawn or 40 years after the staff member leaves employment or is terminated, whichever is later (Queensland Government, 2020b).
- Targets for: legislative and mandatory training compliance; training related to introduction of new services/equipment; and the number/percentage of nursing and midwifery staff with postgraduate awards (in line with the Australian Qualifications Framework [AQF]) (Australian Qualifications Framework Council [AQFC], 2013) are maintained and reported as per the Queensland Government *General Retention and Disposal Schedule* (Queensland Government, 2020a), Queensland Health and HHS requirements.
- Organisational and professional CPD offerings are evaluated to maintain rigorous standards and determination of return on expectations (Department of Education, Training & Employment [DETE], 2014).

Consequently, CPD is not just about attending courses and gaining qualifications. It also concerns the integration of learning, work, and knowledge attainment from broad experiences, both 'on and off the job', and gaining enhanced professional awareness to enrich the nurse's or midwife's contribution to the workplace and quality service delivery (Jang, 2022; NMBA, 2016a; Skees, 2010).

8.1 Workplace Learning

Workplace learning is considered a component of CPD and is fundamental to nurses' and midwives' contributions to safe, caring, and effective health care (Jantzen, 2019). This type of learning, takes place during daily practice with the goal of improving the competencies of employees, enhancing their knowledge, improving quality of care and organisational performance (van Lierop, Meijers, van Rossum, Rutten, Lürken & Zwakhalen, 2022).

Therefore, workplace learning is interconnected learning viewed as the informal and formal manner by which knowledge, skills and attitudes that influence professional development are upgraded at one's place of work and, how this positively influences organisational performance (Billett, 2004 & 2016; Cacciattolo, 2015; Jantzen, 2019; Matthews, 1999; Maxwell, 2014; Murphy & Calway, 2008; O'Connor, 2004; Schoonbeek & Henderson, 2011; Scott, 2015; van Lierop et al., 2022). This learning which takes many shapes, is generally considered to be in the form of internal training (programs, training courses); 'on the job' training usually in the clinical work unit, and experience-based learning opportunities through precepting, coaching and mentoring (e.g., incidental; bedside; job rotation; consumer interactions) (Jantzen, 2019). (Refer to [Appendix 2: Examples of CPD Activities](#)). It also includes continuous learning where the work environment is focused on providing opportunities to learn new skills and knowledge through encouragement, access, and resources that foster accountability for self-directed learning (Jantzen, 2019). (Refer to [Appendix 4: Sample of Legislative, Mandatory and Requisite Training Register](#)).

Accordingly, how an individual: accesses familiar and new workplace activities; interacts with more experienced colleagues; and views diversity of opportunities and support systems also significantly influences participation, encouragement of others, engagement, and interactions in the workplace, and lifelong learning (Billett, 2004 & 2016; Jantzen, 2019; Maxwell, 2014; Schoonbeek & Henderson, 2011; Scott, 2015; van Lierop et al., 2022). As such, to address the ever-changing reality of healthcare, commitment by nurses and midwives in workplace learning is crucial to advancing technology, social change, increasing work demands and consumer expectations (Jang, 2022; Jantzen, 2019). These impacts influence the ability to fulfil workplace expectations, update skills, demonstrate professional standards and remain engaged in workplace learning to achieve best practice outcomes (Bridges, Herrin, Swart, McConnell & Toma, 2014; Cleary, Horsfall, O'Hara-Aarons, Jackson & Hunt, 2011; Fox,

2013; Jantzen, 2019; Jang, 2022; King et al., 2021; Pool et al., 2012).

To promote a culture of learning in the workplace the organisation also has a commitment to support focused learning opportunities to satisfy multi-generational engagement, ambition, and desire to continue to learn and progress through an organisation to maximise staff retention (Billett, 2016; Jang, 2022; King et al., 2021; Mlambo et al., 2021; Schoonbeek & Henderson, 2011; Scott, 2015; Tran, Nguyen, Dang & Ton, 2018; Vázquez-Calatayud et al., 2021). This commitment includes acknowledging the importance of workplace learning in achieving positive organisational performance; having an education plan; providing time and resources for learning; access to relevant opportunities; and effective leadership and supervision which builds capacity and capability, nurtures engagement and keeps individuals excited about their work (Attenborough, Abbott, Brook & Knight, 2019; Jang, 2022).

Although increased workloads and staff shortages may work against successful workplace learning, it is a powerful driver for staff recruitment and retention, and enhancing skills (Attenborough et al., 2019; Mlambo et al., 2021). However, to achieve effective workplace learning perceptions of organisational barriers such as, notions of power and inequality; lack of trust; ineffective work unit culture of learning; and views of reduced line manager support also need to be addressed (Attenborough et al., 2019; Fox, 2013; Mlambo et al., 2021).

Therefore, valuing of learning, fostering commitment, training supervisors, identification of context specific needs, and signposting learning opportunities are crucial to organisational success (Attenborough et al., 2019).

To address barriers and promote a positive learning culture it is essential that Nursing and Midwifery Educators, and other education portfolio holders, in consultation with line managers and other colleagues, consider and implement strategies to overcome individual resistance to continuing participation in

workplace and other forms of CPD and lifelong learning initiatives (Attenborough et al., 2019; Cleary et al, 2011; Pool et al., 2012; Stella, 2012; van Lierop et al., 2022).

8.2 Formal Learning

Formal learning, also known as structured learning, is delivered in an intentional manner and takes place through systematised programs that lead to full or partial achievement of a qualification (Merriam-Webster, n.d.).

This form of learning usually occurs face to face, or through an online learning management system. (Refer to [Appendix 2: Examples of CPD Activities](#)).

While attainment of a postgraduate award is not the primary intent of clinical, professional and/or organisational learning, nurses and midwives are strongly encouraged to use these learnings and experiences to engage in formal learning and advance professional and career prospects. This can be realised by completing a postgraduate program of study which broadens knowledge, skills, professional perspective and strengthens contribution to best practice outcomes (AQFC, 2013; SoQ (QH), 2018a). Subsequent professional and HHS/facility benefits of a highly qualified and motivated workforce include, but are not limited to:

- Improved consumer outcomes through enhanced ability to attain service delivery requirements.
- The recruitment and retention of suitably skilled and qualified nurses and midwives.
- Provision of a safe and competent nursing and midwifery workforce.
- Enhancement of clinical confidence, capacity building and capability.
- An increase in the levels of nursing and midwifery satisfaction in relation to access to work-based clinical education.
- Enhanced knowledge and understanding in nursing and midwifery care and ability

to interpret and use results from diagnostic tests.

- Professional, theoretical-scientific improvement and the realisation of social and cultural values.
- Increased numbers of nurses and midwives with postgraduate qualifications.

(Abu-Qamar, Vafeas, Ewens, Ghosh & Sundin, 2020; Gifford & Yarlagaadda, 2018; Liu, Gong & Mao, 2020; Mlambo et al., 2021; Noland, 2018).

While not a mandated requirement, it is highly desirable that nurses and midwives explore suitable formal learning via a relevant program of study in line with the AQF level eight (8) (Graduate Certificate or Diploma) to ten (10) (Doctoral Degree) to facilitate achievement of role and professional expectations (AQFC, 2013; SoQ (QH), 2018a & 2023b). Moreover, the graduate outcomes of the chosen program of study should be aligned and incorporated to practice to further facilitate career pathway progression (QIRC, 2022a) (Refer to [Section 8.3.2: Career Pathways](#)).

The benefits of study related to the profession include (but are not limited to):

- Learning immediately applicable to professional practice.
- Acquiring a broader, more questioning approach to responsibilities; the care provided is more likely to be research based and contribute to improvements in clinical care to achieve best practice standards.
- Being taught how to use the latest evidence to inform clinical decision making, giving confidence to work as a leader in a range of healthcare settings.
- Potential change in behaviour and expectations for own practice which assists to be better equipped to support new graduate entry to the professions.
- Changes in attitudes towards education and practice, and their perception that they are more capable to challenge practice, new knowledge, and skills.

- Improved career prospects, opening new pathways.
(Abu-Qamar et al., 2020; Jang, 2022; Maude, Douché & Holloway, 2022; Ng, Tuckett, Fox-Young & Kain, 2014).

Accordingly, given potential professional, personal, and organisational benefits nurses and midwives should be encouraged to undertake postgraduate courses of study, and where applicable provide evidence that supports application for Recognition of Prior Learning (RPL) of previous achievements. (Refer to [Section 13.4: Recognition of Prior Learning \(RPL\)/Advanced Standing](#)).

In respect to personal and professional growth one of the most effective ways to foster individual interest in learning is to align both workplace and formal learning strategies to interest, need, relevance to role classification generic level expectations and practice context (Jang, 2022; NMBA, 2016a; QIRC, 2022a; Skees, 2010). This can be achieved using learning pathways and focused career development in respect to short and long-term goals. The following [Section 8.3: Career Development](#) provides an overview of how lifelong learning and CPD, including workplace learning, can be applied to nursing and midwifery career progression.

8.3 Career Development

Career development is a lifelong process of complementing and managing learning, work-life balance, and transitions to move towards a personally determined and evolving preferred future career vision (Fasbender, Vignoli & Topa, 2022; Ministerial Council for Education, Early Childhood Development & Youth Affairs [MCEECDYA], 2014). The concept of career self-management is identified as critical for the world of work in the twenty-first century (Wilhelm & Hirschi, 2019). Contemporary research indicates that the focus should be on the responsibility and benefits of the individual actively managing their career rather than being passive recipients of a career process (Barnes, du Plessis & Frantz, 2022; De Vos, Akkermans & Van Der Heijden,

2019; Greenhaus, Callanan & Godshalk, 2018; Hirschi & Koen, 2021; MCEECDYA, 2014; Wilhelm & Hirschi, 2019).

As such, each nurse or midwife should be responsive to the changing nature of work and the requirement for lifelong learning by proactively taking responsibility for the direction and evolution of their own career development and management.

In engaging in career development and management the following ongoing process encompassing four broad interdependent stages should be considered (Hirschi & Koen, 2021). These stages include career planning entailing behaviour, such as goal setting, exploring options, and formulating plans (SoQ (QH), 2023a & 2023b). Resource mapping which includes pursuing information, advice, or assistance from others, including building organisational relationships to obtain career-related information and seeking a mentor (SoQ (QH), 2019b & 2023a). Skill development which includes behaviours leading to demonstration of competence, standards, and role expectations (NMBA, 2016c, 2016d, 2018d & 2021a; QIRC, 2022a). The final stage encompasses monitoring goal progress, action, and plans, which include behaviour building networks to pursue information, advice, or feedback (Barnes et al., 2022; Hirschi & Koen, 2021; Iskanto, 2022).

Career development can also be considered as an effort to improve employee performance in their current role or in other work (Iskanto, 2022; Tran, 2018). The results of effective career development programs include: increased productivity and organisational performance; enriched leadership capability; reduced staff turnover; enhanced staff engagement; availability of a pipeline of talent to fill vacancies; and reduced skills shortages (Barnes et al., 2022; Hirschi & Koen, 2021; Iskanto, 2022; SoQ (QH), 2023a).

Career development of a nurse or midwife is based on individual, professional and organisational imperatives (Chang & Daly, 2019; Conway & McMillan, 2019; Drayton & Luck, 2022; SoQ (QH), 2023a; Tran, 2018). The underpinning

motivation is forming character and personality; the advancement of skills and knowledge that will enhance performance, meet community and organisational expectations, and equip the individual for ongoing employment experiences including enhanced professional expectations (Chang & Daly, 2019; Conway & McMillan, 2019; Jang, 2022; MNHHS, 2014; SoQ (QH), 2023a; Department of Health [DoH], 2019).

Consequently, career development is not a simple event or even a string of discrete activities. It is the synthesis of ongoing episodes,

experiences, observations, and thoughtful analysis of one's practice (Fasbender et al., 2022; Jang, 2022; SoQ (QH), 2018a).

Standards for Career Development

Nurses and midwives proactively participate in career development along a continuum of lifelong learning which is fostered and supported by the HHS/facility and professional obligations (Barnes et al., 2022; Jang, 2022; Ross et al., 2013; NMBA, 2016a).

Standards for Career Development

- Individual career development activities undertaken to generate enhanced capacity, capability, clinical, professional, and organisational learnings are applied within context of practice.
- Career development and succession management and mentoring systems and processes are established, implemented, and evaluated (Drayton & Luck, 2022; Groves, 2007; Grundy, 2017; Knowles, 2020).
- Career pathways and development offerings are aligned to Department of Health, and HHS strategic and operational objectives (Australian Human Resources Institute [AHRI], 2018; SoQ (QH), 2023a).
- Succession Management and Mentoring resources including training programs are available within the HHS (Knowles, 2020).
- Timely coaching, preceptoring, mentoring, and succession management opportunities are offered to enhance individual 'on the job' workforce development (SoQ (QH), 2019b).
- Career development initiatives and strategies are aligned to PDP, supportive practice, frameworks, strategies plans, clinical, professional and organisational learnings and individual needs (QH, 2021b; QIRC, 2022a; SoQ (QH), 2023b).
- The HHS/facility is responsible for providing meaningful career offerings that promote engagement in lifelong learning, and a commitment to workplace performance (QIRC, 2022a; SoQ (QH), 2018a; Tran et al., 2018).

While demonstration of Career Development Standards is requisite for individual and professional advancement, to attain enhanced capacity, capability and professional standing this process should be aligned to achievement of applicable postgraduate awards. (Refer to [Section 8.2: Formal Learning](#) and [Appendix 5: Recommended AQF Levels for Nursing and Midwifery Classifications](#)) to explore appropriate program of study at a relevant *Australian*

Qualification Framework level for the nursing and midwifery classification or role being fulfilled or desired (AQFC, 2013). (Refer to [Appendix 5: Recommended AQF Levels for Nursing and Midwifery Classifications](#)). Undertaking a program of postgraduate study will facilitate achievement of role expectations and promote graduate outcomes aligned to practice, and career pathway progression.

Therefore, it is important that each nurse or midwife develops a portfolio of awards/qualifications and recognition of hours of learning (credits) that reflects contemporary knowledge and career advancement ability (NMBA, 2016a & 2016b).

Furthermore, it is an NMBA requirement that a portfolio of CPD involvement including awards/qualifications, career and professional activities and achievements is maintained to encourage genuine lifelong learning which is transferable to different situations (Fox, 2013; NMBA, 2016a & 2016b; QNMU, 2020; State of Queensland [SoQ] (Jobs Queensland [JQ]), 2020).

Opportunities to foster individual, competence, capacity, and capability required for each nursing and midwifery classification should be offered and supported by the employer in line with requisite role responsibilities and individual PDP. These should be supported by provision of career development and offerings that should initially align to the Generic Level Statements for the relevant Award classification (QIRC, 2022a & 2022b), and current or aspired role description. Promotion of this approach can be bolstered in the form of succession management and mentoring support and the career pathways which enable the individual to identify, and acquire the requisite knowledge, skills, attributes, and behaviours to meet specific role expectations, advance their practice, and potentially progress to higher levels of education and enhanced career and employment prospects (SoQ (QH), 2019b, 2023a & 2023b). (Refer to [Section 12.6: Succession Management](#)).



Refer to:

[Succession Management and Mentoring Manual and Toolkit for Nurses and Midwives](#) (SoQ (QH), 2019b)

Relevant [Career Pathways for Nurses and Midwives](#) (SoQ (QH), 2023b)

8.3.1 Learning Pathways

Essentially, a learning pathway is a development guide that serves as a scaffold for learning by providing a designed sequence of activities and resources to achieve expected outcomes (Zao-Sanders & Peake, 2022). Moreover, an individual's lifelong learning journey will include a combination of several learning pathways. Therefore, in planning their career each nurse or midwife should consider using both career and learning pathways to provide direction for their CPD needs and lifelong learning. This approach offers a meaningful perspective of moving through, and between different education and training options which may consist of further study, career progression, promotion, or employment (or a combination of these) (Federation University, 2021; Rodriguez, 2021; Rafferty, Xyrichis & Caldwell, 2015; SoQ (JQ), 2020; Zao-Sanders & Peake, 2022).

Also, as previously identified, workplace learning, and an individual learning pathway should align to the individual's goals for career progression, PDP, and where applicable career structure. Additionally, an individualised learning pathway provides a visual representation of learning content that guides achievement of competencies, role expectations, and academic awards through participation in a structured, sequenced learning process which offers relevant learning experiences and allows the learner to clearly measure their advancement (Jenkins & Spence, 2006; Rafferty et al., 2015; Rodriguez, 2021; SoQ (QH), 2018a & 2023b; Zao-Sanders & Peake, 2022).

The transparency and flexibility of learning pathways can make it easier for individuals to make learning selections (Rodriguez, 2021). Therefore, a learning pathway should be clear, flexible, expand on existing knowledge and be achieved using a combination of multimodal strategies, for example 'on-the-job learning', 'off-the-job learning', e-learning; and potential recognition of prior learning (i.e., the skills, knowledge and experience already gained) (Rodriguez, 2021; Zao-Sanders & Peake, 2022) (Refer to [Section 13.4: Recognition of Prior Learning \(RPL\)/Advanced Standing](#)).



Refer to:

[Recognition of Prior Learning Resource Package](#) (SoQ (QH), 2021e)

In determining a learning pathway entry point, qualifications for a role and general alignment with the AQF requires careful deliberation (AQFC, 2013). (Refer to [Appendix 5: Recommended AQF Levels for Nursing and Midwifery Classifications](#)). Moreover, in circumstances where additional knowledge and skills are considered obligatory in effective role application, the profession, organisation, and health consumers would benefit by the individual being encouraged to enrol in a Higher Education Sector (HES) program leading to an AQF qualification (AQFC, 2013; Australian Government, 2018; Federation University, 2021; Graebe, McIntyre-Hite, & Monaghan, 2022; Rafferty et al., 2015; Temmerman, 2020). (Refer to [Appendix 5: Recommended AQF Levels for Nursing and Midwifery Classifications](#)).

A learning pathway can also be viewed as an ideal sequence of learning activities that may be non-linear, but which energise an employee to enhanced capacity and capability in their job in the shortest possible time. In this situation, a learning pathway is created for the role performed or for a role aspiration (Jenkins & Spence, 2006; Graebe et al., 2022; Rafferty et al., 2015; SoQ (QH), 2023b; Temmerman, 2020).

Accordingly, a learning pathway may be short term, that spans just a few days or a week, or conversely take several years to complete (e.g., higher education and training culminating in an award/qualification). Irrespective of intent a learning pathway that has 'real-world' relevance assists in meeting the personal needs of the learner from a clinical, professional, organisational and context perspective. Learning pathways also support individuals to become more engaged, motivated and academically successful in meeting the challenges of rapidly changing needs and priorities for knowledge and skill development, including up-skilling and lifelong learning (Graebe et al., 2022; Rafferty et al., 2015; Temmerman, 2020; Zao-Sanders &

Peake, 2022) (Refer to [Section 7: Lifelong Learning](#)).

Moreover, a learning pathway may take the form of a Work Unit Development Map that exemplifies key elements of learning required to assist with transition to a role, consolidation of knowledge, skills, capacity building, and sequence of individual learning aligned to clinical, professional, and organisational requirements (SoQ (QH), 2018a). (Refer to [Section 10.4: Work Unit Development Maps](#)).

As previously identified a learning pathway is often aligned to a career structure, a formalised career pathway and an individual's own goals for career progression (Graebe et al., 2022; Rodriguez, 2021; Temmerman, 2020). Considering learning as a complete process rather than a single event and linking a learning pathway to a career pathway and the Award enables both the employer and employee to find new ways to reduce duplication of effort, wasted time and variability in training thus leading to improved results and reduced costs. Additional benefits for employers include ways to offer stackable knowledge; competent engaged staff; increased retention and organisational performance (Graebe et al., 2022; QIRC, 2022a & 2022b; Rafferty et al., 2015; Rodriguez, 2021; Temmerman, 2020; Zao-Sanders & Peake, 2022).

A robust culture of learning is vital to the successful application of both career and learning pathways in cultivating opportunities, supporting learning, and enabling professional growth and development in the workplace. Likewise, to realise the benefits of lifelong learning and CPD every nurse or midwife is accountable for demonstrating requisite responsibilities for each of the five domains of the Award Generic Level Statements (QIRC, 2022a) for the classification, and for participating in critical debate, collegiality and interactive relationships with academic and research communities in accordance with role expectations. (Refer to [Appendix 2: Examples of CPD Activities](#)).

Standards for Learning Pathways

Learning linked to a learning and/or career pathway enables both the employer and employee to consider learning as a

comprehensive process, and explore new ways to reduce duplication of effort, and variability in training leading to improved return on expectations and satisfaction.

Standards for Learning Pathways


- Each nurse or midwife is responsible for considering how an individual learning pathway facilitates learning, and development, and/or succession management and documenting this development and/or career goals in their annual negotiated PDP (NMBA, 2016a & 2016b; SoQ (QH), 2018a).
- The Hospital and Health Service (HHS)/facility is responsible for providing opportunities for professional growth via resources and programs aligned to the career structure, and career pathways to encourage each nurse and midwife achieve career goals and progression (Brown, 2018; Matthews, 2012; SoQ (QH), 2018a).
- Each nurse or midwife is responsible for demonstrating requisite role expectation aligned to the five domains of the Award Generic Level Statements for their classification and learning needs (QIRC, 2022a).
- Line managers, nursing and midwifery educators and others are accountable for promoting and supporting employee use of learning pathways through PDP, access to resources and application of strategies that foster development, and a culture of lifelong learning (SoQ (QH), 2017 & 2018a).
- Nurses and midwives undertaking development in areas of specialty practice  use a contextualised learning pathway to identify learning requirements, milestones and assessment components as negotiated within individual PDP.
- Newly graduated nurses and midwives use learning pathways and Work Unit Development Maps to accelerate transition to the role, profession, and workplace expectations.
- Learning pathways are used to promote succession management, mentoring and establishment of a talent pipeline (SoQ (QH), 2023a).

Figure 4: Broad Concepts of a Generic Learning Pathway is a schematic representation of the use of a progressive learning pathway to achieve ongoing CPD and a culture of learning for nurses and midwives. This form of learning pathway can be applied to support any classification of nurse or midwife throughout their work life.

Each component of the representation depicts strategies that can be used to provide learning and development opportunities in a coherent and structured format. If applied effectively these will assist in; supporting, developing, attracting, and building workforce and professional capacity, and retention of skilled and committed nurses and midwives. The representation also identifies a course for planning, design, development

implementation, and evaluation of educational opportunities. Furthermore, it illustrates that each classification of nurse or midwife should be engaged in lifelong learning (CPD activities) to progress practice in the workplace, irrespective of individual aspirations for career development, and progression (NMBA, 2016a & 2016b).

Figure 5: Learning Pathway Example offers a schematic example of a specific learning pathway. All components depicted in this pathway are supporting processes that guide the individual nurse's or midwife's progression to another aspired classification. Included are options for formal education leading to a postgraduate award.

[Figure 5](#): Learning Pathway Example provides the perspective of linear and non-linear progression examples including but not limited to: Grade 5 nurse or midwife to a Grade 6; Grade 6 to a Grade 7; Grade 7 to a Grade 8 Nurse Practitioner or Grade 10 Nursing Director.

To facilitate accelerated transition, an individual learning pathway should be linked to a Work Unit Development Map which in diagrammatic form summarises the key clinical, professional and organisational learnings required for a specific role within a particular work unit (Refer to [Section 10.4: Work Unit Development Maps](#)). A *Work Unit Development Map* can also be individualised to address discrete and work unit learning needs.

It is recommended that each work unit develops a suite of Work Unit Development Maps (a form of Learning Pathway) to accommodate the needs of every classification of nurse or midwife employed in the unit.

Each time a nurse or midwife changes their role or work unit throughout their career a Learning Pathway and/or a Work Unit Development Map

should be used to promote ongoing development and capacity building.

In the rapidly changing healthcare environment, nurses and midwives must demonstrate adaptability flexibility and continually engage in CPD activities to enable effective performance (Attenborough et al., 2019; Booker, Turbutt, & Fox, 2016; Jang, 2022; Jia-jun & Hau-ming, 2022; King et al., 2021; NMBA 2016a & 2016b; SoQ (QH), 2018a & 2023a). This requires an individual to source a variety of diverse opportunities ranging from formal to informal from a variety of providers, e.g., HES partners, industrial and professional bodies, and speciality interest groups (SoQ (JQ) 2020; SoQ (QH) 2018a; Temmerman, 2020) (Refer to [Appendix 2: Examples of CPD Activities](#)).

All the tenets of CPD discussed in Section 8 are transferable and should be contextualised to guide a nurse's or midwife's journey as relevant towards attaining specialist knowledge and skills and optimising scope practice within the context of a speciality area of practice.

Figure 4: Broad Concepts of a Generic Learning Pathway

The career development of a nurse or midwife is based on individual, organisational, and professional imperatives and includes short and long-term goals. The professional career development of the nurse or midwife is "uniquely personal yet aligned to the directions of the nursing and midwifery professions and responsive to community & organisational expectations". Following registration, nurses and midwives embark on the pathway of continuous career development to maintain and enhance standards of practice and professional growth.

Continuing Professional Development (CPD) is "... the means by which members of a profession maintain, improve, and broaden their knowledge, expertise, and competence and develop the personal and professional qualities required throughout their professional lives" (NMBA, 2016a). CPD is inclusive of workplace learning through On-the-job and Off-the-job learning; professional activities; self-directed learning; and formal education.

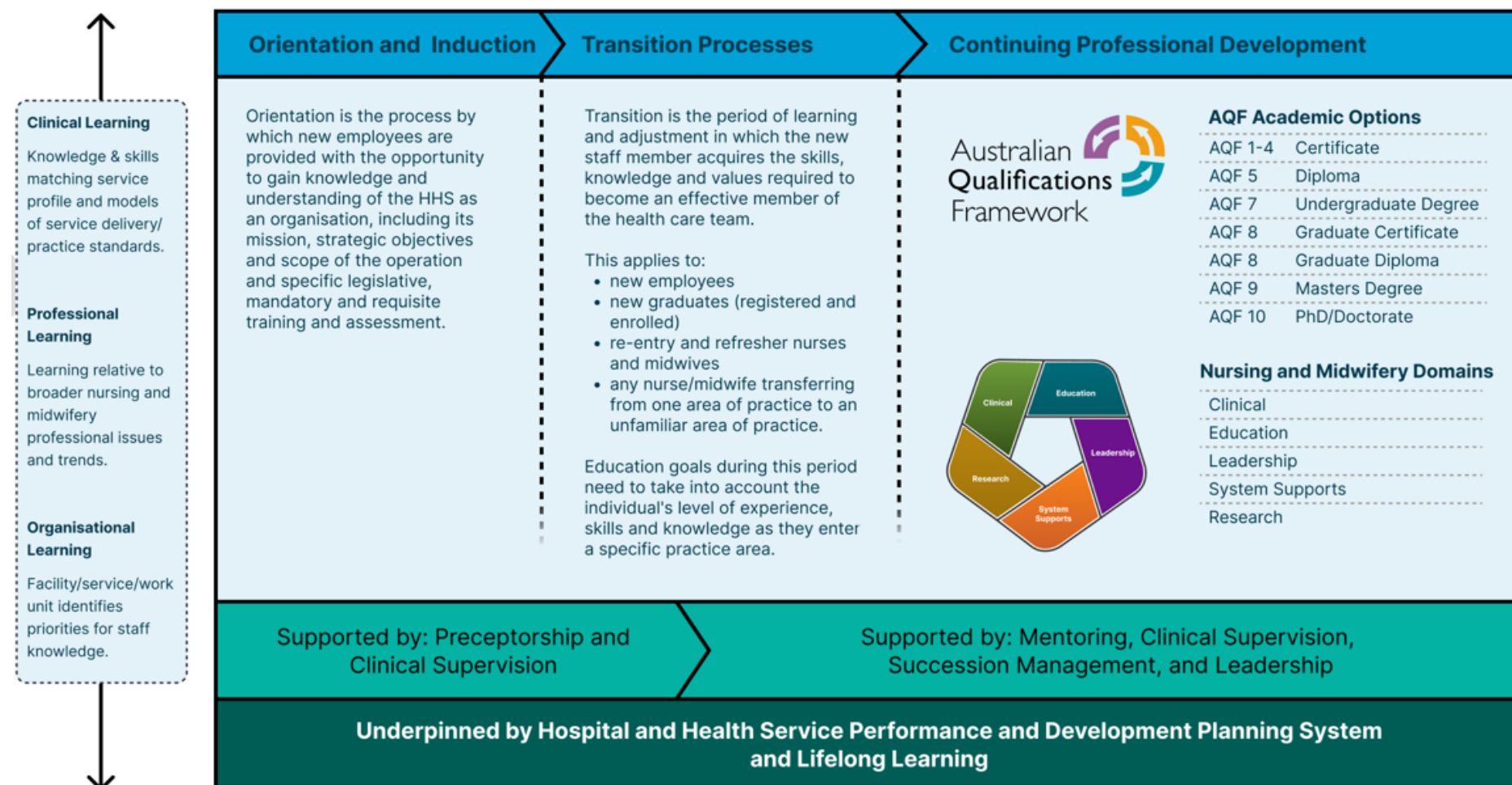
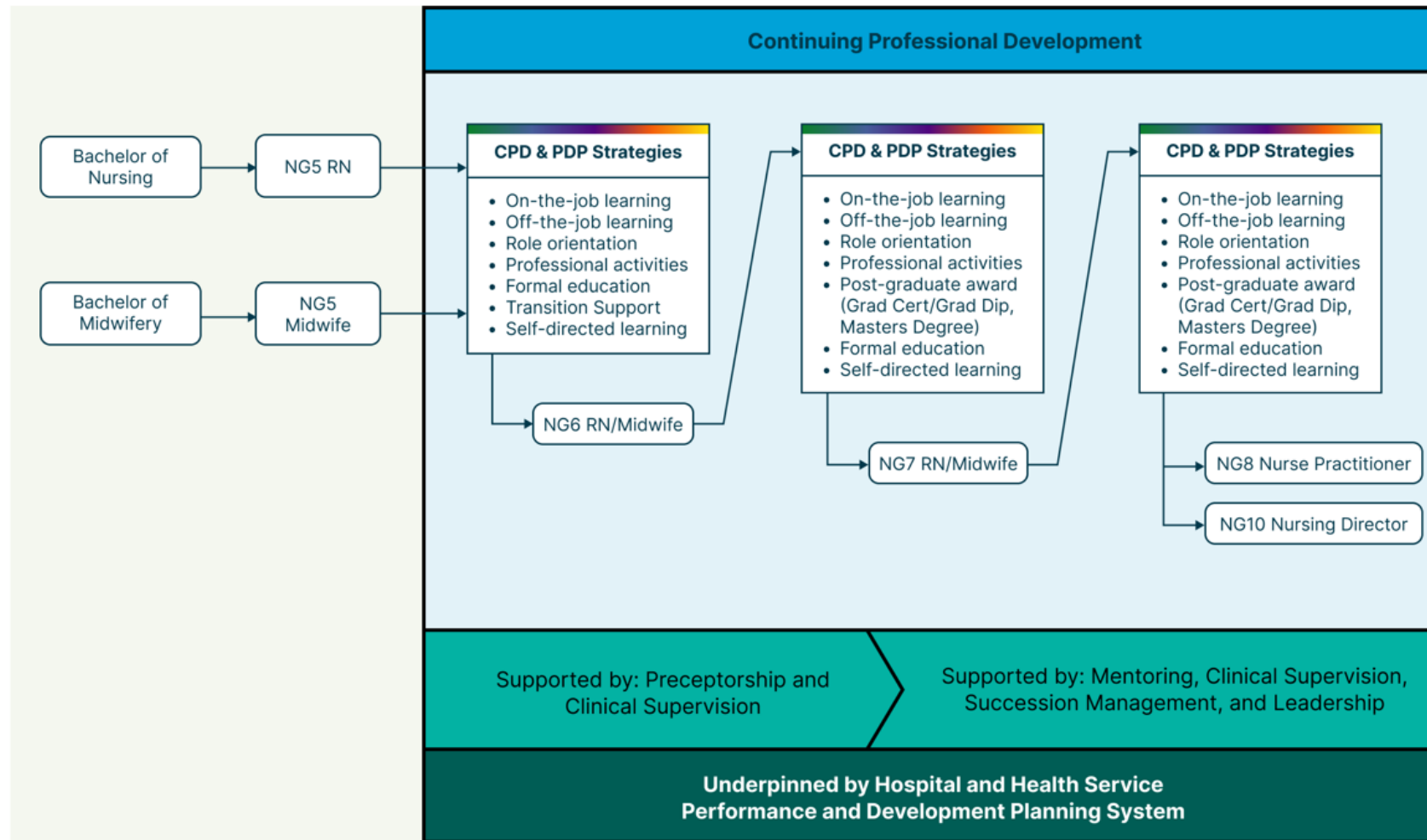


Figure 5: Learning Pathway – Example Grade 5 RN/Midwife entering the workforce and progression via linear and non-linear means



N.B. This is an example only and CPD activities (e.g., Postgraduate Award) may be modified to fulfil individual Learning Pathway and role requirements.

Please refer to [Appendix 2: Examples of CPD Activities](#) for suggestions for Workplace Learning; Professional Activities. Self-directed Learning and Formal/Educational Learning.


Application of each of the Award – Generic Level Statement (QIRC, 2022a) domains must occur in respect to role consolidation, CPD activities and career progression.

8.3.2 Career Pathways

Career pathways are tools that provide clarity, direction, and structure to facilitate career development and succession management (SoQ (QH), 2018a & 2019b). As such, a career pathway is a plan comprising an integrated collection of programs learnings, skills, and activities intended to develop skills and capacity so employees can transition smoothly into new and future roles.

Essentially, career pathways assist an individual to know 'who they are', 'what they want' and 'how to get there'. In nursing and midwifery, use of a career pathway also supports achievement clinical, organisation and professional expectations within a context of practice, and optimisation of scope of practice (NMBA, 2022a & 2022b). Additionally, they can enhance opportunity, and employability within a competitive marketplace (SoQ (QH), 2023a & 2023b).

The collective benefits of using career pathways include: (but are not limited to) continuity of performance; reduction in recruitment costs; reduced staff turnover; capacity and capability building; continuous practice improvement; creating prepared employees; generating a talent pipeline; employment contentment; motivation and self-development and contribution to the profession (Jenkins & Spence, 2006; Jia-jun & Hau-ming, 2022; Sandehang, Hariyati, & Rachmawati, 2019).

 In an undertaking to realise the benefits of career planning, development, and management a suite of Queensland Health (QH) *Career Pathways for Nurses and Midwives* (the Pathways) have been developed (SoQ (QH), 2023b).

Caveat

The *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB11) 2022* includes inaugural *Generic Level Statements for Midwives Grades 5 to 7*; and an intent to develop a new *Domain of Culturally Safe Nursing Practice in the*

Generic Level Statements for Nurses. Future versions of the '*Framework for Lifelong Learning for Nurses and Midwives - Queensland Health (2023)*', *Nursing and Midwifery Career Pathways* and other supporting resources will reflect these changes.

In the interim current resources are applied as relevant to support the nursing and midwifery professions.

These fundamental tools predicated on the Strong Model (Ackerman, Norsen, Martin, Wiedrich & Kitzman, 1996) which align to the *Nurses and Midwives (Queensland Health) Award – State 2015 (reprinted 2022)* (QIRC, 2022a) were revised in 2023 (SoQ (QH), 2023b). Each Pathway expands on the Generic Level Statements contained within the five (5) Domains (Direct comprehensive care or provision of direct care, Support of Systems, Education, Research and Professional Leadership) and related attributes (Gardner, Chang & Duffield, 2007; Gardner, Duffield, Doubrovsky & Adams, 2016; Gardner, Duffield, Doubrovsky & Adams, 2017; QIRC, 2022a).

As such, career pathways have been developed for each classification Grade 1 Band 1 - Grade 13 Band 2 to clearly identify role expectations. For some classifications, e.g., Grade 7 the generic pathway has been expanded to further depict the specific expectations of the different roles at this classification (e.g., Nurse or Midwifery Unit Manager, Nurse or Midwifery Manager, Nursing or Midwifery Educator, Nurse or Midwifery Researcher).



Refer to relevant:

[*Career Pathways for Nurses and Midwives*](#) (SoQ (QH), 2023b)

[*Orientation to Role Packages for Nurses and Midwives*](#) (SoQ (QH), 2023e)

Each pathway identifies the critical factors or capabilities required for every nurse or midwife (QIRC, 2022a) employed at a specific classification to achieve optimal performance. Accordingly, they describe a preferred direction,

undertaken by an individual via a range of activities (e.g., clinical, technical, academic, professional) to assist in building knowledge progressively through a blend of formal, collaborative, work-based learning and networking, and acquire requisite knowledge, skills and attributes to meet specific role and expectations, and guide career ladder goals (SoQ (QH), 2018a & 2023a).



The Office of the Chief Nursing and Midwifery Officer is leading the development of midwifery career pathways and classification structure. Future versions of these midwifery specific supporting resources will reflect Award and Enterprise Bargaining Agreement. In the interim Frameworks, Career Pathways and other resources have been developed to support and be applied for both professions.

Moreover, a pathway can be used from a succession management or supported practice perspective (SoQ (QH), 2019b & 2023d). (Refer to [Section 12.6: Succession Management](#) and [Section 13.2: Supported Practice](#)).



Refer to:

[Succession Management and Mentoring Manual and Toolkit for Nurses & Midwives](#) (SoQ (QH), 2019b), and
[Supported Practice Framework](#) (SoQ (QH), 2023d).

In this form career pathways become valuable instruments as developmental and continuous improvement strategies. Additionally, each pathway forms a basis on which to centre discussion around strengthening the work performance of individuals and teams and to inform decisions around determining and prioritising appropriate CPD and learning support and validating annual PDP (SoQ (QH), 2019b, 2023a & 2023d).



It is acknowledged that a career pathway in nursing and midwifery is not necessarily linear but provides a comprehensive guide to the nature and extent of learning required to achieve classification and expectations for current and future roles (SoQ (QH), 2018a)

Refer to relevant [Career Pathways for Nurses and Midwives](#) (SoQ (QH), 2023b).

The overarching goals in producing and promoting the use of career pathways are to:

- Identify expectations of each Award classification (QIRC, 2022a) and a specific role.
- Outline the ideal aspirational characteristics for each Award classification (QIRC, 2022a).
- Assist the professions to appreciate the need to maintain contemporary capabilities/behaviours and apply these to their roles in ever evolving practice disciplines.
- Assist with orientation to a new classification and/or role.
- Streamline process and aid transfer between work units with aligned expectations.
- Provide a means to support managers' ability to clearly describe staff performance expectations.
- Support individuals and supervisors to identify and address learning and development.
- Promote organisational systems and processes such as: succession management and mentoring frameworks/strategies.
- Assist with providing effective supportive practice strategies and determining annual Performance and Development Planning (PDP) expectations and reframing in situations where enhanced performance is required (QH, 2021b; SoQ (QH), 2023d).
- Enable a review of expectations of a classification or role following Award and EB11 changes, redesign, prolonged employment within the same role, and/or

- return to practice (QIRC, 2022a & 2022b).
- Encourage recognition of high functioning nurses and midwives focused on delivering quality outcomes.
- Facilitate use of career progression and a talent pipeline. (SoQ (QH), 2018a & 2023a).

When using a Nursing and Midwifery Career Pathway as a component of CPD and or succession management reference should be made to the AQF levels (AQFC, 2013) to determine the nature and standard of postgraduate study that would assist to meet current and/or future role expectations and personal vision. (Refer to [Appendix 5: Recommended AQF Levels for Nursing and Midwifery Classifications](#)).

Additionally, applicability of Advanced Standing or Recognition of Prior Learning should be explored as a means to reduce repetition of previous learnings when participating in any career development (including formal learning) (SoQ (QH), 2021d & 2021e). (Refer to [Section 13.4: Recognition of Prior Learning \(RPL\)/Advanced Standing](#)).



Refer to:

[Recognition of Prior Learning Application Resource](#) (SoQ (QH), 2021e) and [Recognition of Prior Learning Assessor Guide](#) (SoQ (QH), 2021d).

Furthermore, to foster career progression application of a career pathway should occur in conjunction with the Succession Management and Mentoring Manual strategies to promote organisational processes for identifying, selecting, and managing successors, and career planning (SoQ (QH) 2019b & 2023b). (Refer to [Section 12.6: Succession Management](#), and [Section 12.5: Mentoring](#)).



Refer to [Succession Management and Mentoring Manual and Toolkit for Nurses & Midwives](#) (SoQ (QH), 2019b).

Nursing and midwifery colleagues who have established themselves in a specific role (e.g.,

Clinical Midwife, Nurse Educator, Nurse Researcher, Enrolled Nurse) and who do not wish to undertake career advancement can still use the relevant career pathway to confirm their ability to meet Award requirements and contemporary, evidenced-based clinical, organisational and professional role expectations in line with annual NMBA ascribed CPD hours and Registration Standards (NMBA, 2016a & 2016b; QIRC, 2022a). These learnings, and associated outcomes can be documented in the annual PDP, and professional portfolio.

An individual nearing retirement can undertake a similar approach to that outlined in the paragraph above unless they wish to continue to pursue career advancement. If pursuing career advancement strategies related to the application of succession management and mentoring are applied. (Refer to [Section 12.6: Succession Management](#), and [Section 12.5: Mentoring](#)).



Refer to [Succession Management and Mentoring Manual and Toolkit for Nurses & Midwives](#) (SoQ (QH), 2019b).

Moreover, it is acknowledged that while a career pathway facilitates individual development in respect to career choice, the pathway can also be tailored and applied to provide a standardised indication of nursing and midwifery classification and role expectations, and to evaluate achievement of these expectations (SoQ (QH), 2023b). In addition, individualised context specific learning pathways can be used to further assist nursing and midwifery staff in aligning their learning development needs with a career structure and clinical, professional, and organisational learning.

To expand the usability of the career pathways, Work Unit Development Maps (which are a form of a learning pathway) have been developed in template form for application to any work unit or health setting context. (Refer to [Section 10.4: Work Unit Development Maps](#)).



Application of a Work Unit Development Map is dependent on HHS adoption. *Please liaise with relevant HHS staff to determine access.*

8.3.3 Nursing Specialisation Pathways

New roles and titles are continuously being created in nursing and midwifery in response to unprecedented rises in healthcare demand. This has particularly been seen with the lasting impacts of COVID-19 which have forever changed the professions with new roles emerging, and pre-existing roles becoming areas of high demand by consumers and employers (Ausmed, 2022; Australian Primary Health Care Nurses Association (APNA), 2022; Daly & Carnwell, 2003; Gray, 2016; International Council of Nurses [ICN], 2021b; White, Oelke, Besner, Doran, McGillis Hall & Giovannetti, 2008; World Health Organization [WHO], 2021b). At times this has occurred without fulsome exploration of differences between the two professions, and existing roles, mapping of boundaries of practice and levels of clinical autonomy; and preparation to fulfil these roles (White et al., 2008; Halse, Reynolds & Attenborough, 2018). This results in reported: role confusion, conflict and uncertainty regarding requirements and scope (Australian Primary Health Care Nurses Association [APNA], 2022; Martin-Misener & Bryant-Lukosius, 2014; White et al., 2008; Halse et al., 2018).

Consequently, when planning to introduce new roles particularly in areas of specialty practice in-depth organisational assessment based on patient need is crucial, as is a well-defined scope of practice, access to training including workplace learning, supportive processes and resources, and effective supervision (Halse et al., 2018; Nilsen, Seeing, Ericsson, Birken & Schildmeijer, 2020). Therefore, implementing new roles should not be seen as a quick solution to workforce challenges (Halse et al., 2018).

When providing support processes for effective transition into specialist practice nursing roles it is important to consider that nursing specialisation involves focusing on nursing practice in an identified specific area within the entire field of professional nursing (Kinsella, Fry, & Zecchin, 2018). It also requires clarity of the defined specialty scope of practice, skill set/competencies, and any standards of

professional practice unique to each nursing specialty (Gutiérrez-Rodríguez, Mayor, Lozano, Burgos-Fuentes, Rodríguez-Gómez, Sastre-Fullana, de Pedro-Gómez, Higuero-Macías, Pérez-Ardanaz & Morales-Asencio, 2019). Specialist practice in Australia is defined as:

...roles focused within a specific context, for example, a particular population or skill set. Specialist practice follows and builds on a base of generalist preparation. Nurse specialists demonstrate in-depth knowledge, skills and expertise in their area of specialised nursing practice. Expertise in a particular specialty may be developed by undertaking formal education, exposure to relevant clinical experience in the practice area and continuing professional development

Chief Nursing and Midwifery Officers (CNMO)
Australia, (2020)

It is recommended that nurses working in specialist practice environments review the [NMBA Decision-making framework for nursing and midwifery](#) and the summary version for each of the professions of nursing and midwifery. These frameworks provide foundational principles for decision-making related to both professional and individual scope of practice optimisation (NMBA, 2020a; 2020b & 2022b).



Refer to:

[NMBA Decision-making framework for nursing and midwifery](#) (NMBA, 2022b)

[NMBA Decision-making framework summary: Nursing](#) (NMBA, 2020a)

[NMBA Decision-making framework summary: Midwifery](#) (NMBA, 2020b)

Additionally, Career Pathways and Work Unit Development Maps may also assist in ongoing development and capacity building SoQ (QH), 2023b). (Refer to [Section 8.3.2: Career Pathways](#) and [Section 10.4: Work Unit Development Maps](#)).



Refer to:

Relevant [Career Pathways for Nurses and Midwives](#) (SoQ (QH), 2023b)

To advance practice to optimal scope, the individual nurse or midwife must consider the context of practice, professional, regulatory, and legislative frameworks and demonstrate professional knowledge, clinical reasoning, judgement, and higher order skills and behaviours requisite to the full requirements of a role (Booker et al., 2016; CNMO Australia, 2020; College of Registered Nurses of Nova Scotia [CRNNS], 2015; Kleinpell, 2021; NMBA, 2020c).

While, from a regulatory perspective, there is the ability to advance enrolled nurses and all registered nurse or midwife practice (skills and knowledge) (NMBA, 2016c, 2016d, 2018d & 2021a) (refer to [Section 5.2.1: Advanced Practice](#)), Gardner et al. (2016 & 2017) contests that the Nurse Practitioner (Nurse Grade 8) role demonstrates the highest level of advanced practice activity (particularly direct clinical care) across all domains of the Advanced Practice Role Delineation tool (Ackerman, 1996; Gardner et al., 2017). This tool aligns to the Generic Level Statement domains of the *Award* (QIRC, 2022a). Additionally, Nurse Grade 7 roles are similarly identified as advanced practice roles; however, some variance was noted between domains given difference in focus. Nurse Grade 6 roles scored highest in the direct clinical care domain with Grade 5 showing a lower level (Department of Health [DoH] (Office of CNMO [OCNMO], 2020; Gardner et al., 2016 & 2017). The body of research undertaken by Gardner et al. (2017) has been used to develop the Advanced Nursing Practice Guidelines for the Australian Context [Advanced Nursing Practice Guidelines for the Australian Context](#) (CNMO Australia, 2020).

The intent of these Guidelines is to provide national consistency and reduce the confusion that often exists about the scope of advanced nursing practice roles and provide greater clarity and understanding for nurses, employers, consumers, and policy makers (CNMO Australia, 2020). (Refer to [Section 5.2.1: Advanced Practice](#)).



Refer to:

[Advanced Nursing Practice Guidelines for the Australian Context](#) (CNMO Australia, 2020)

As such practice activities associated with advanced practice nursing across the five (5) domains (clinical care, support systems, education, research and professional leadership), are provided for consideration and application in respect to the individual's scope of practice and context of practice within the workplace (CNMO Australia, 2020).




In negotiating and using a learning pathway to assist in achieving requisite knowledge, skills and attributes related to an area of specialty practice it is important to consider development needs from more general knowledge and skills along a logical pathway progressing to focused specialty specific skill sets and attributes (Booker et al., 2016; Gullick, Lin, Massey, Wilson, Greenwood, Skylas, Woodard, Tembo, Mitchell, & Gill, 2019). Consequently, a deepening of focus (e.g., Perioperative; Critical Care); or recombination of aspects of different areas of knowledge and practice competencies with a simultaneous narrowing and deepening of focus (e.g., Rehabilitation) occurs. For example, Oncology, Cardiology, and Neurology are specialties, each with a distinctly narrow, but deep knowledge focus. Whereas Rehabilitation is an example where multiple areas of knowledge are combined (e.g., Oncology, Cardiology and Rehabilitation) to create a specialty with a depth of focus that acknowledges the study of relationships among explicit experiences.

Given that the nature of the nursing and midwifery professions is dynamic and evolves continually in response to scientific, technological, and professional advancements the requirement to effectively support colleagues gain focused specialty knowledge, is fundamental to realising expected outcomes and keeping pace with complex care needs, and consumer and health care demands (CNMO Australia, 2020; Gullick et al., 2019; SoQ (QH), 2018a & 2023a; White et al., 2008).

Ongoing review of the individual's scope of practice is also essential to: ensure continuity and enhancement of performance; capability to meet the requirements of existing and future healthcare challenges; and to translate new evidence into practice to enhance care provision within the context of the specialty area of practice (CNMO Australia, 2020; Gullick et al., 2019; SoQ (QH), 2018a & 2023a; White et al., 2008).

Support processes to facilitate specialty knowledge and skill acquisition can be achieved by accessing diverse CPD activities within and external to the workplace (e.g., CPD upskilling workshops [e.g., Electrocardiogram [ECG], Tracheostomy Care]; Postgraduate Certificate; Diploma, Masters (AQFC, 2013). As such, this CPD engagement typically based on specialty practice priorities, and individual, clinical, professional, and organisational learning imperatives including career goals is negotiated and identified within the annual PDP (SoQ (QH), 2018a).

8.3.4 The Rural Generalist

 In considering learning pathways and CPD from a lifelong learning perspective for nurses working in rural and remote practice settings, it is recommended that reference is made to *The National Rural and Remote Nursing Generalist Framework 2023-2027* (Australian Government, 2023a).



Refer to:

[*The National Rural and Remote Nursing Generalist Framework 2023-2027*](#)
(Australian Government, 2023a)

This Framework describes the unique context of practice and core capabilities for rural and remote registered nurse practice underpinned by NMBA Registered Nurse Standards for Practice. The Framework is comprised of four (4) domains (Culturally Safe Practice, Critical Analysis, Relationships, Partnerships and Collaboration and Capability for Practice) supported by domain and capability statements that reflect the unique context and requirements for Registered Nurses (RN) practice in rural and remote healthcare settings (Australian Government, 2023a).

From a lifelong learning perspective this Framework provides direction support and guidance for the adoption of learning pathways specific to the practice context which can be applied to build the confidence, capacity and capability of registered nurses working within a rural or remote environment (Australian Government, 2023a).

It is recommended that registered nurses working in rural or remote practice settings consider and use of this Framework to assist with: transition to rural and remote practice context; gaining clarity of what is meant by a nurse generalist and scope of practice considerations; identifying developmental needs to build and maintain workforce capabilities; and determining the nature of support processes required to deliver comprehensive quality rural and remote healthcare that meets the diverse needs of these communities (Australian Government, 2023a).

8.4 Interprofessional Education and Learning

To effectively participate in contemporary practice, awareness of and where applicable, engagement in, interprofessional education is encouraged as a mechanism for achieving optimal patient experiences and outcomes (van Diggele, Roberts, Burgess & Mellis, 2020).

The World Health Organization (WHO) (2010) states:

“Interprofessional education occurs when two or more professionals learn about, from and with each other to enable effective collaboration and improve health outcomes”.

Formerly health education tended to be offered from a uni-professional perspective with the goal of developing knowledge and skills of separate professions (van Diggele et al., 2020). Internationally and nationally this trend has changed with the intent of interprofessional colleagues learning about, and with each other for both formal and informal education/training (van Diggele et al., 2020).

Interprofessional education (IPE) encourages positive mutual attitudes, enhanced appreciation of professional roles in caring for patients and their caregivers, and improved information, knowledge exchange and cooperation during daily work practices (Homeyer, Hoffmann, Hingst, Oppermann & Dreier-Wolfgramm, 2018). However, it does not aim to replace the unique identity of any health professional cohort but rather complement this identity as an important initiative that interacts with other educational innovations to improve health professions education with the goal of improving the health of clients and the community (Sockalingham, Rajaratnam, Gambin, Soklardis, Serhal & Crawford, 2022).

Moreover, interprofessional learning is different from multidisciplinary learning as these interactions require purposeful integration and collaboration among the different disciplines irrespective of whether the learning occurs in an educational or clinical practice environment (Chetty, Bangalee & Brysiewicz, 2020; WHO, 2010).

The concept of Interprofessional Collaboration (IPC) the process whereby relationships and rapport are developed and maintained between two or more healthcare professionals (WHO, 2010) is also important in creating a genuine interprofessional education experience (Chetty et al., 2020; Vangen & Huxham, 2003; WHO, 2010). This collaboration enables individuals to exercise their expertise in their specific area of practice and communicate their different perspectives to other healthcare professionals to achieve better health outcomes (Lucas, Power, Hayes & Ferguson, 2019).

To healthcare professionals, the concept of CPD is not new, however much of it is undertaken from a professional silo perspective. It is identified that interprofessional collaborative education and learning can have benefits that extend beyond uni-professional offerings and dissemination of knowledge (Chetty et al., 2020; Lucas et al., 2019). These include (but are not limited to) fostering learning about and from each other; clarifying roles and responsibilities; and reinforcing the value of the different professionals in the health care team, thereby contributing to improving patient's wellbeing (Chetty et al., 2020; Lucas et al., 2019).

Moreover, both IPE and IPC can be viewed as strategies to promote workforce engagement in lifelong learning (Samarasekera, Nyoni, Amaral & Grant, 2022; Sockalingham et al., 2022).

At the time of writing the Council of Australian Governments (COAG) has undertaken a body of work in respect to accreditation; establishment of cross-profession policies and guidelines for accreditation standards; and clarification of roles of accreditation bodies and education regulators to avoid duplication (COAG, 2020). Additionally, COAG is considering strengthening the role of consumers (including employers) as a key stakeholder in accreditation systems extending the role of the National Health Practitioner Ombudsman and Privacy Commissioner (COAG, 2020). The outcomes of this body of work may have wide reaching impacts on: accreditation expectations including engagement in IPE and IPC; and how nurses and midwives engage in clinical, professional, and organisational learning.

9. Clinical, Professional and Organisational Learning

As previously identified, to promote and support engagement of a nurse or midwife in lifelong learning and CPD activities, a culture that values and supports learning in the workplace, provision of strategies that foster integration and culmination of learning within and/or across practice contexts are imperative (Lewis & Bryan, 2021; Mlambo, Silén & McGrath, 2021).

Context of practice is important when considering workplace learning in healthcare, and while it does not set the course of action or determine experience, it does identify the conditions in which problems and situations arise, and subsequent learning requirements (Queensland Health [QH], 2018a). Intrinsically, nursing and midwifery education services facilitate the integration and culmination of learning that occurs within and across the context of practice. Therefore, to address the majority of workplace education needs, learning can be broadly aligned to clinical, professional, and organisational requirements supported by principles of adult learning within a lifelong learning paradigm

(Lewis & Bryan, 2021; Mlambo et al., 2021; QH, 2018a).

Three (3) spheres comprising clinical, professional, and organisational learning have been used as a scaffold to provide Nursing and Midwifery Educators, and others a reliable platform on which to base workplace continuing professional development (CPD) offerings relevant to the context of practice and the individual in building workforce capacity and capability.

Standards for Clinical, Professional and Organisational Learning

Nurses and midwives are supported to undertake clinical, professional, and organisational learning opportunities in order to meet the changes in the healthcare industry and build work force capacity and capability to meet practice standards and provide effective evidence-based person-centred care (State of Queensland [SoQ] (Queensland Health [QH]), 2018).

Standards for Clinical, Professional, and Organisational Learning

- The HHS purposefully constructs systems, processes, and strategies to maximise clinical, professional, and organisational learning.
- Clinical, professional, and organisational learnings are viewed as core functions of each Nursing and Midwifery classification, explicitly in respect to resourcing, planning, managing, accessing and evaluation (SoQ (QH), 2018).
- Nurses and midwives proactively adopt and apply legislative and regulatory frameworks, professional standards, codes of practice, policies, procedures, and business rules and engage in CPD activities that enrich the workforce's skills and knowledge (Nursing and Midwifery Board of Australia [NMBA], 2016c, 2016d, 2018b, 2018d, 2018e, 2021a; SoQ (QH), 2018).
- Nurses and midwives are offered relevant CPD, up-skilling and capacity building opportunities to enable demonstration of competence, requisite role expectations, and career progression (SoQ (QH), 2018).
- Learning is matched to the experiences, strengths, current knowledge, career stage and goals of each individual learner, and is not a series of one-off events, but rather coordinated and planned learning opportunities that maximise impact (SoQ (QH), 2018).
- Organisational learning encompassing requisite role knowledge, skills, and abilities to build capacity and meet current and future workforce demands is supported as per the Business Planning Framework (BPF) (SoQ (QH), 2021a) and *Award* provisions (Nurses and Midwives [Queensland Health] Award – State 2015, [Reprinted 2022] (Queensland Industrial Relations Commission (QIRC), 2022a).

- The HHS supports the development of practice and capacity as continuous processes of improvement which contribute to a culture of learning and inquiry (NMBA, 2018a, 2018b; SoQ (QH), 2018).
- Scope of Practice, Career Pathways and Leadership principles are applied across the continuum of Clinical, Professional and Organisational Learning.
- The individual nurse or midwife demonstrates a lifelong commitment to achieving best practice through continuous learning and evaluating evidence.
- Each nurse or midwife fosters self-learning and the learning of others in their profession through a commitment to precepting, mentoring, supervising, and teaching.

9.1 Clinical Learning

Clinical learning relates to requisite knowledge, skills, and attributes specified by a HHS/facility as being essential to enable nursing and midwifery staff to demonstrate optimal standards of practice in the delivery of person-centred care to achieve best practice outcomes. Hospital and Health Service Strategic Plans, Queensland Health Workforce Action Plans, *Clinical Services Capability Framework (CSCF) Service Modules* (SoQ (QH), 2022a). For example, Emergency, Maternity, clinical work unit service profiles (SoQ (QH), 2021a), model/s of service delivery and specific 'Work Unit Development Maps' provide mechanisms to assist in identifying requisite clinical skills for a specific context of practice. (Refer to [Section 10.4: Work Unit Development Map](#)).

Professional nursing and midwifery practice in the current complex, and rapidly changing environment necessitates that clinical education and training occur within a framework of continuous lifelong learning across a broad continuum from professional pre-entry level to experienced skilled clinician (advanced practice and optimal scope of practice) (Chief Nursing and Midwifery Officers [CNMO] Australia, 2020; Gardner, Duffield, Doubrovsky & Adams, 2016 & 2017; SoQ (QH), 2018). Maximising learning through lived experience in the clinical setting is considered essential for nurses and midwives. This results in knowledge being indexed and organised in ways that are purposeful by providing nurses and midwives the opportunity to develop increasingly mature approximations of procedures required to be successful in activities

through the process of testing and modifying actions and standards (Billett, 2004 & 2016; Davis, 2015; Fox, 2013; Natesan, Bailitz, King, Krzyzaniak, Kennedy, Kim, Byyny & Gottlieb, 2020; Tiwaken, Caranto & David, 2015). Consequently, active engagement in workplace learning is particularly useful for the transfer of knowledge to other circumstances and assists with adaption of new stimuli to existing knowledge and pathways to specialisation (CNMO Australia, 2020; Gardner et al., 2016 & 2017). Accordingly, clinical learning comprises activities performed by nurses and midwives which impact on clinical outcomes. These include (but are not limited to):

- Technical skills e.g., invasive procedures, fundamental nursing skills i.e., clinical assessment, activities of daily living, interpretation of data, nursing patient care
- Non-technical skills e.g., communication, team interaction (Australian Commission on Safety and Quality in Healthcare, 2020)
- Cognitive skills e.g., decision-making, clinical reasoning, problem solving, critical thinking (Baraz, Memarian & Vanaki, 2015; Natesan et al., 2020; Rennie, 2009; Young, Thomas, Lubarsky, Gordon, Gruppen, Rencic, Ballard, Holmboe, Da Silva, Ratcliffe, Schuwirth, Dory & Durning, 2020).

Therefore, every action, behaviour, and decision where the consumer is the motivation could be considered as a clinical skill. Intrinsically clinical learning promotes the acquisition of clinical knowledge, skills, and demonstration of best practice in the clinical workplace. The intent is to

build nursing and midwifery capacity and capability to enable capabilities and behaviours to optimal scope of practice and not disempower competent and experienced staff (College of Registered Nurses of Nova Scotia [CRNNS], 2015; Déry, Paquet, Boyer, Dubois, Lavigne, Lavoie-Tremblay, 2021; Nelson, Turnbull, Bainbridge, Caulfield, Hudon, Kendel, Mowat, Nasmith, Postl, Shamian & Sketris, 2014; State of Victoria, 2016).

In the workplace environment, students, nurses, and midwives attain the clinical skills and requisite knowledge that enable the application of theoretical concepts to clinical practice (State of Victoria, 2016). Moreover, as a regulated health professional every Enrolled Nurse (EN), Registered Nurse (RN), Midwife, or Nurse Practitioner (NP) is responsible and accountable to the NMBA (NMBA, 2016c, 2016d, 2018b & 2018d, 2021a) to practise in accordance with registration standards. This occurs by the NMBA:

...developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia (NMBA, 2018c: p.1).

A nurse or midwife must be able to demonstrate compliance with the NMBA registration standards that:

...define the minimum requirements to be registered in Australia. There are five (5) mandatory registration standards: criminal history; English language skills; continuing professional development; recency of practice and professional indemnity insurance (NMBA and Australian Health Practitioner Regulation Agency (Ahpra), 2021).

As such, the NMBA Standards for Practice for ENs, RNs, NPs and Midwives are the core standards expected regardless of context of practice (NMBA, 2016c, 2016d, 2018d & 2021a). These standards indicate the minimal expectations of a nurse or midwife in relation to accountability, delegation, and supervision (i.e.,

managerial supervision, professional supervision and clinically focused supervision).



Refer to:

[NMBA Enrolled Nurse Standards for Practice](#) (NMBA, 2016c)

[NMBA Registered Nurse Standards for Practice](#) (NMBA, 2016d)

[NMBA Midwife Standards for Practice](#) (NMBA, 2018d)

[NMBA Nurse Practitioner Standards for Practice](#) (NMBA, 2021a)

Throughout one's nursing and midwifery work life a minimum level of capacity and capability must be demonstrated as reflected by National Safety and Quality Health Service (NSQHS) Standards (Australian Commission on Safety and Quality in Health Care [ACSQHC], 2021); the relevant NMBA Standards for Practice (NMBA, 2016c, 2016d, 2018d & 2021a); authorised and determined scope of practice (NMBA, 2022b) and professional nursing and midwifery organisations, e.g., Australian Nursing and Midwifery Federation (ANMF), Australian College of Critical Care Nurses (ACCCN), Australian College of Perioperative Nurses (ACORN), International Confederation of Midwives (ICM), and Australian College of Midwives (ACM).

Nursing and midwifery professional organisations specialty practice standards have also been developed to outline an acceptable standard of specialty practice within a specific practice context. Within Australia approximately 50 specialty practice professional organisations exist (Coalition of National Nursing and Midwifery Organisations (CoNNMO), 2022) some of which have developed specialty practice standards.



Examples of Specialty Practice Standards include (but are not limited to):

[Australian College of Perioperative Nurses \(ACORN\) Standards for Perioperative Nursing in Australia](#) (ACORN, 2020)

[Australian College of Critical Care Nurses \(ACCCN\) Standards](#) (ACCCN, 2015)

[Australian College of Mental Health Nurses \(ACMHN\) Standards of Practice in Mental Health Nursing](#) (ACMHN, 2010)

N.B. Specialty standards

- Do not replace NMBA Standards for Practice, which are the minimum standards for practice and registration (NMBA, 2016c, 2016d, 2018d & 2021a).
- Reflect the clinical specialty practice performance required by the nurse or midwife to demonstrate the requisite behaviours and capabilities within an area of specialty practice to optimise scope of practice and contribute effectively to best practice nursing or midwifery care (Department of Health Office of Chief Nursing and Midwifery Officer [OCNMO], 2020; NMBA, 2016c, 2016d, 2018d & 2021a).

The importance of *NMBA Standards for Practice* should not be underestimated nor should they be observed in isolation in practice. NMBA codes, guidelines and frameworks must also be used to inform the development of the scope of practice aspirations and behaviours of nurses and midwives to assist them to optimise their scope of practice (NMBA, 2016c, 2016d, 2018a, 2018b, 2018d, 2021a & 2022b). As such, practice and professional standards make explicit that the purpose of professional learning is to enhance skills, behaviours and capabilities that foster safety, capacity, and the continuing optimisation of scope of practice, and ongoing learning.

9.2 Professional Learning

Ongoing self-development of a nurse or midwife is primarily based on professional, individual, and personal goals. In respect to CPD associated with professional learning the nurse or midwife

engages in teaching and learning activities relative to broad professional issues and trends. Examples include but are not limited to: participating in activities to enhance leadership within the profession; resolving professional and ethical issues relating to practice; participating in professional group activities; considering and applying professional codes, guidelines and ethical practice boundaries (relevant to role and classification), and reflecting on how the profession participates in shaping state and national policy development (SoQ (QH), 2018).

CPD associated with professional learning in the context of the *Framework* reinforces the premise of enhancing knowledge, skills, and application to improve individual professional practice and collective professional effectiveness. It also comprises consideration of career aspirations, undertaking programs of learning and participating in succession management activities to assist goal achievement. Effectiveness is measured by the extent of engagement, evidence of learning outcomes and where applicable, career progression.

Incorporation and application of the relevant *NMBA Standards, Codes, Guidelines, and Frameworks*, and engagement in professional affiliations (i.e., professional colleges) and activities (i.e., conferences, publications, serving as a committee member) to foster self-development is essential to optimise professional practice for each nurse or midwife (NMBA, 2020d).

In addition, there are standards and authorisations that support the expected level of professional practice.



Refer to the NMBA Standards for Practice:

[International Council of Nurses \(ICN\) Code of Ethics for Nurses](#) (ICN, 2021)

[International Confederation of Midwives \(ICM\) Code of Ethics for Midwives](#) (ICM, 2014)

[NMBA Code of Conduct for Midwives](#) (NMBA, 2018a)

[NMBA Code of Conduct for Nurses](#) (NMBA, 2018b)

[NMBA Framework for Assessing Standards for Practice for Registered Nurses, Enrolled Nurses and Midwives](#) (NMBA, 2015)

[NMBA Registration Standard: Continuing Professional Development](#) (NMBA, 2016a).

[Extended Practice Authority 'Registered Nurses'](#) (Queensland Government, 2022a)

[Extended Practice Authority 'Midwives'](#) (Queensland Government, 2022b)

Relevant College Nursing or Midwifery specialty practice standards

Another document for consideration in respect to professional expectation and optimising scope of practice is the *Advanced Nursing Practice Guidelines for the Australian Context* (CNMO Australia, 2020) which is predicated on the Strong Model (the basis for the development of Career Pathways in Queensland). The resource is a collaborative effort by the Chief Nursing and Midwifery Officers – Australia.



Refer to

[Advanced Nursing Practice Guidelines for the Australian Context](#) (CNMO Australia, 2020)

Nurses and midwives who are committed to lifelong learning have a responsibility to share their skills and knowledge with colleagues and students, participate actively in ongoing professional development and contribute to the development of self and others through teaching, role modelling, mentoring, and engaging in succession management (Rischel, 2013; SoQ (QH), 2019b).

The [NMBA Registration Standard: Continuing Professional Development](#) (NMBA, 2016a) and Principle 5 of the [NMBA Codes of Conduct for Nurses](#) and [NMBA Code of Conduct for Midwives](#) (NMBA 2018a; 2018b) outline the responsibility of the nurse or midwife to participate in ongoing professional development of self and others. To maintain NMBA registration nurses and midwives are required to participate in a minimum of 20

hours of CPD annually relevant to their respective context of professional practice (NMBA, 2016a). (Refer to [Section 8: Continuing Professional Development](#)). The requirements for Nurse Practitioners, RNs or Midwives with scheduled medicines endorsement, and notation as an eligible midwife are an additional 10 hours CPD (NMBA, 2016a). Those holding dual registration e.g., EN/RN; RN/Midwife are required to undertake CPD for each registration.



Refer to

[NMBA Registration Standard: Continuing Professional Development](#) (NMBA, 2016a)

[NMBA Factsheet: Continuing Professional Development](#) (NMBA, 2022f).

Any professional development activity undertaken is recorded and supported through the performance and development planning (PDP) process and documented, e.g., professional portfolio. The portfolio of evidence of engagement in CPD is required to be maintained for five years for potential registration audit (NMBA, 2016a).

A positive supportive practice (SoQ (QH), 2023d; QH, 2021a) and performance and development culture embedded with a self-assessment process provides the opportunity to engage nurses and midwives in professional learning. Moreover, significant benefits are maximised through the provision of effective professional

learning to address areas for improvement in professional practice. Professional learning can be promoted through advice from a colleague and one's own reading and/or through attendance at an international conference and exposure to the ideas of a globally recognised educational expert. It can also relate to: promoting professional awareness (e.g., maintaining knowledge of professional standards and codes and applying this to practice; briefing about a new policy or initiatives; and application of professional learning into the work unit context), developing skills and embedding and refining new practices (Cole, 2012; SoQ (QH), 2018; Ten Ham-Balyoyi, 2022). Whilst professional learning should address individual requirements, this needs to occur within the context of the professional awareness, and promotion of the Hospital and Health Service (HHS)/relevant facility's overall priorities, and improvement strategies (Cole, 2012; SoQ (QH), 2018; Ten Ham-Balyoyi, 2022).

To foster best practice outcomes from professional learning, it is essential that leaders collaborate with staff to articulate the types of improvements required to achieve agreed goals/expectations and develop a common language for describing good professional practices (SoQ (QH), 2018; Stoll, 2004; Ten Ham-Balyoyi, 2022). Engaging with staff in professional discourse, drawing on external ideas, and research to encourage enquiry, reflection and inform organisational, work unit, professional, and individual actions aligned with discussion about strategies for desired outcomes are indicators of effective leadership (SoQ (QH), 2023a; World Health Organization [WHO], 2021).

Moreover, an effective leader: facilitates opportunities for staff to learn from each other; provides access to specialised knowledge; and models lifelong learning in their own practice (SoQ (QH), 2023a; Stoll, 2004; Ten Ham-Balyoyi, 2022). Additionally, they recognise their own transience and therefore invest in succession management for the future.

A successful nursing and midwifery leader will also continuously evaluate the impact of professional learning based on the effect it has

on achievements and outcomes (Stoll, 2004; Ten Ham-Balyoyi, 2022; van Dongen & Hafsteinsdóttir, 2022). As such, a collective effort between leaders and staff is fundamental in achieving professional practice standards and best practice outcomes.

By leaders and others fostering governance and an environment that promotes individual, professional learning, growth and training opportunities staff are more likely to view the organisation as supportive and committed to them as an individual. As such, they will typically reciprocate with increased organisational commitment and contextual performance (ALFadhlah & Elamir, 2021; Booker, 2011).

9.3 Organisational Learning

An organisation is a collective, with individuals and work units undertaking varying roles that involve different perspectives and values, passing information through their own filters, with connection often via ineffectual information channels (Serrat, 2017). Individual members are continually engaged in attempting to know the organisation, and themselves in the context of the organisation. Therefore, the intent of organisational learning driven by the context of the workplace is to engage and motivate staff and organisations for positive growth (Australian Human Resources Institute [AHRI], 2018b; Antonacopoulou, Moldjord, Steiro & Stokkeland, 2018; Serrat, 2017). Health sector organisations are faced with competitive, technology and economic pressures; therefore, their adaptability requires learning by the individual, team, and organisation at a continual and rapid pace (AHRI, 2018b).

Organisational learning outcomes are dependent on acquisition and application of new knowledge and skills and developing innovative strategies. However, the effectiveness of their learning is dependent on workplace culture, interpersonal interactions, and views on the value of learning (Behrent, Matz & Göritz, 2017; Scott, 2015).

The following three (3) broad considerations are essential for organisational learning and adaptability:

- a supportive learning environment;
- concrete learning processes and practices;
- leadership behaviour that provides reinforcement and fosters innovation and growth (Behrent et al., 2017; Edmondson, 2019; Garvin, Edmondson & Gino, 2008, Queensland Nurses' and Midwives' union of Employees [QNMU], 2020).

Organisational learning is strongly influenced by the behaviour of leaders (Crans, Aksentieva, Beusaert & Segers, 2022; Liu & Xiang, 2020; Ozga, Gutysz-Wojnicka, Lewandowski & Debrowolska, 2020). As such, when leaders actively question and listen to employees this prompts dialogue and debate, and employees feel encouraged to learn (Edmondson, 2019; Liu & Xiang, 2020). If leaders signal the importance of spending time on problem identification, knowledge transfer, and reflective practice these activities are likely to flourish within the organisation (Booker, 2011; Edmondson, 2019; Garvin, Edmondson & Gino, 2008; Ozga et al., 2020). When leaders demonstrate through their own behaviour a willingness to entertain and contemplate alternative points of view, employees feel encouraged to offer new ideas and options (Booker, 2011; Edmondson, 2019; Liu & Xiang, 2020; QNMU, 2020). When learning is embedded, an organisation continually expands its capacity to create its own future by being committed to encouraging staff to develop themselves (Edmondson, 2019; Liu & Xiang, 2020; Odor, 2019). Furthermore, optimum individual and team functioning can be progressed through organisational learning (Odor, 2019; Schoonbeek & Henderson, 2014; Serrat, 2017; Ten Ham-Balyoyi, 2022).

As such, an organisation's capacity for deliberate transformation of its own values, philosophy, strategic direction, and expectations of staff facilitates the individual's ability to appreciate and transform their engagement and learnings. Organisational learning approached from a foundational perspective promotes inquiry,

innovation, quality, and research initiatives, as well as ability to review practices and self-correct previous experiences (Edmondson, 2019; Mulford & Silins, 2010; Odor, 2019). This approach supports individual development and has the ability to generate changes in systems, engagement, and culture to realise desired outcomes (Edmondson, 2019; Odor, 2019).

Therefore, the benefits of cultivating organisational learning for nursing and midwifery staff include (but are not limited to):

- Improved consumer and service outcomes.
- Improved ability to build a leadership pipeline that fosters talent and mobility.
- Enhanced ability to attract and retain.
- Provision of a safe, competent workforce.
- Improved capacity, capability, and sustainability of services.
- Increased satisfaction in education and training access.
- Increased percentage of postgraduate qualifications with translation of learnings to the workplace.
- Increased job satisfaction and wellbeing as a result of a positive culture.
- Enhanced trust and respect between managers and staff. (Crans et al., 2022; Odor, 2019; QH, 2017b; QNMU, 2020; Serrat, 2017; SoQ (QH), 2023a; Ten Ham-Balyoyi, 2022).

In the *Framework*, organisational learning relates to the knowledge and skills required by nurses and midwives to function effectively in their roles to achieve expectations. It includes, (but is not limited to), any learning associated with the organisation's direction or needs. Examples of this learning include (but are not limited to) *Code of Conduct for the Queensland Public Service* (Queensland Government, 2011), performance management, business planning (SoQ (QH), 2021a) and organisational values. This sphere of learning also includes cognitive and psychomotor skills required to meet specific position functions, for example, line managers require skills in cost centre and human resource management processes and effective engagement with

interprofessional colleagues (SoQ (QH), 2021a & 2023b).

To effectively achieve the principles of clinical, professional, and organisational learning, these learnings are to be related to role responsibilities with strategies documented within performance and development plans. The Generic Level Statement responsibilities (Nurses & Midwives [Queensland Health] Award – State 2015, [Reprinted 2022]) (QIRC, 2022a), Career Pathways, and Work Unit Development Maps are resources that provide a structured approach to application of this learning.



Refer to:

Nurses and Midwives (Queensland Health Award) – State 2015 (2022 State Wage Case reprint) (QIRC, 2022a)

Relevant [Career Pathways for Nurses and Midwives](#) (State of Queensland (Queensland Health), 2023b)

Additionally, these resources can facilitate more effective engagement in the three (3) spheres of learnings during orientation and transition support when a nurse or midwife changes their place of work, role, and/or classification. (Refer to [Section 10: Orientation and Role Transition Support Processes](#)).

10. Orientation and Role Transition Support Processes

The key intent of orientation and transition support processes is to prepare new and/or transferring (e.g., moving from another work area or other classification) nurses and midwives to acquire and demonstrate the knowledge and skills specifically required to support safe practice in the new work area, and optimise their integration, and thus their performance within the organisation. The process of transition encompasses an orientation program which is not a singular or independent event but rather a series of ongoing, and evolving activities. Whilst a generic interdisciplinary orientation program is offered this is followed by a targeted plan of support that focuses on the individual's strengths, prior learnings and needs to optimise capability and competence as per role description responsibilities, career pathways, and orientation to role packages inclusive of organisational priorities.

10.1 Orientation and Induction

Orientation is a coordinated process by which new or transferred employees are provided with the opportunity to acquire knowledge and appreciation of the health system and the Hospital and Health Service (HHS), including its mission, strategic objectives, policies and protocols scope of services, facilities amenities, entitlements, expectations and specific legislative, mandatory, and requisite training and assessments (Metro North Health [MNH], 2021; Queensland Health [QH], 2021c). Additionally, it is imperative that these employees gain comprehensive capabilities pertaining to the physical and digital environment to enable them to effectively navigate systems and resources; and utilise supports relevant to their learning needs. It is important that the concepts of self-management, and self-responsibility are promoted, and that engagement during orientation supports a sense of belonging and identity (Becker & Bish, 2021; Dweck, Walton &

Cohen, 2014; State of Queensland [SoQ] (Queensland Health [QH]), 2023a).

As the individual progresses through the orientation journey, they require different forms of information, assistance, and support requisite with the role for which they have been employed. These resources include (but are not limited to): legislative, mandatory, and requisite training lists; career pathways, and orientation to role specific resources (SoQ (QH), 2023b). (Refer to [Appendix 4: Sample of Legislative, Mandatory and Requisite Training Register](#)).



Refer to relevant:

[Career Pathways for Nurses and Midwives](#) (SoQ (QH), (2023b)

[Orientation to Role Packages for Nurses and Midwives](#) (SoQ (QH), 2023e)

When new or transferred colleagues join an organisation or move to another environment or position, a distinction is often made between their orientation and induction to the new work environment. Orientation usually comprises short one-off briefing sessions and the provision of basic information, to assist participating individuals acquaint themselves with requisite information to commence in a role within the organisation (Flinders University, n.d.). Conversely induction is viewed as the process of informing the new or transferring employees about practices, policies, and purposes of the organisation while socialising them to the workplace environment, values, culture, and professional expectations. Additionally, induction provides a mechanism to determine that competence and confidence in the area of practice is measured in alignment with level of experience and capability. Often the terms orientation and induction are blurred and used interchangeably to depict the series of training programs and support processes used to assist new and transferring employees to transition into a new workplace, role, or area of responsibility (Ashurst, 2020; Becker & Bish, 2021; Dweck et al., 2014).

Irrespective of terminology, classification, role or conditions of employment, effective orientation and induction are essential in: supporting successful integration; appreciating culture and values of the organisation; providing fundamental information; clarifying role purpose; minimising transition and supervision processes, and potentially attracting and retaining an engaged staff member (Ashurst, 2020; Becker & Bish, 2021; SoQ (QH), 2023a).

Orientation/induction are viewed as fundamental human resource management strategies that can influence the employee's subsequent attitudes in relation to engagement, satisfaction, and retention and foster a positive practice environment (Becker & Bish, 2021; Queensland Nurses' and Midwives' Union of Employees [QNMU], 2020). Therefore, both strategies need to be welcoming, supportive and enable new or transferred employees to: feel safe, appreciated, and positive about the workplace, values, and expectations, and ultimately contribute positively to service effectiveness and efficiency (Ashurst, 2020; Becker & Bish, 2021; Rush, Adamack, Gordon, Janke, & Ghement, 2013a). To reinforce the value of positive practice within the workplace *Positive Practice Environment Standards for Nursing and Midwifery* have been developed (QNMU, 2020). These endorsed standards provide a foundation to support all nurses and midwives in the delivery of health and aged care nursing and midwifery services, and focus on the provision of safe, high quality health care (QNMU, 2020). In providing orientation and induction packages, these standards should be included as they form a basis for all environments where nurses and midwives work (QNMU, 2020).

Orientation/Induction comprises but is not limited to:

- General HHS Orientation (HHS e.g., legislative, mandatory, organisational training and assessment. (Refer to [Section 14: Evaluating and Reporting](#)).
- Nursing and Midwifery Orientation (mandatory, clinical and professional requisite requirements)
- Division/Service/Program/Work Unit Induction (specific requirements and

requisite knowledge and skills, *Positive Practice Environment Standards for Nursing and Midwifery* (QNMU, 2020). During this process planning to address individual learning and transition support processes commences. This includes (but are not limited to) the application of a Work Unit Development Map to support effective and timely transition to the work unit to meet requisite expectations (SoQ (QH), 2018a). (Refer to [Section 10.4: Work Unit Development Map](#)).

- Orientation to a classification or role to distinguish specific responsibilities and role transition activities is promoted by the use of the relevant Orientation to Role Package and in conjunction with the Career Pathway. (Refer to [Section 8.3.2: Career Pathways](#)). Further support, clarity, direction, and structure that facilitates career development, succession management and optimises the individual's scope of practice can be incorporated into orientation for a nursing and midwifery classification. These are underpinned by performance and development planning (PDP) processes (please refer to relevant sections within this resource).

Orientation/Induction is a deliberate organisational strategy to welcome and integrate new or transferred colleagues and incorporates numerous benefits and intentions including (but not limited to):

- Reduction of costs based on minimisation of duplication of effort, time, and efficacious delivery strategies.
- Reduction in new starter anxiety resulting in improved engagement and learning.
- Enhanced expressions of wellbeing, satisfaction and feeling valued.
- Enhanced retention through engagement and provision of relevant, timely learnings.
- Reduced time and effort in supporting transition to the workplace related to appreciation of expectations and effective support processes.

(Lindfors, Kaunonen, Huhtala & Paavilainen, 2022; Powers, Herron & Pagel, 2019).

Standard for Orientation/Induction

HHS/facilities/services/work units deliver orientation/induction programs that are congruent with strategic and operational direction, policies/procedures, and professional and employee expectations.

Standards for Orientation and Induction

- Orientation/Induction processes are included as core activities in relevant strategic/operational/professional workforce and training plans/strategies (SoQ (QH), 2018).
- Adequate and appropriate resources are sourced and implemented to support new/transferring employees to achieve effective transition in line with clinical, professional, and organisational learning needs (SoQ (QH), 2018a).
- Policies/procedures that specify orientation/induction requirements (including legislative and mandatory training and assessment requirements) exist, are applied, and regularly reviewed (QH, 2021c).
- In accordance with policy all newly employed/transferred nurses and midwives attend orientation/induction and complete mandatory and requisite requirements for classification and role (QH, 2021c; SoQ (QH), 2018a).
- Using a risk rating approach nursing and midwifery determine, document, and publish legislative, mandatory, and requisite training and assessment requirements for each nursing and midwifery classification/role (QH, 2021c).
- Where applicable the Clinical Service Capability Framework (CSCF) (SoQ (QH), 2022a) should be consulted to determine risk assessment and training and credentialing requirements.
- Data pertaining to participant attendance is maintained and reported in line with QH and HHS processes (QH, 2021c; SoQ (QH), 2018a).
- Attendance and requisite assessment data is available to relevant stakeholders for review and compliance reporting via digital or other forms of data capture (SoQ (QH), 2018a).
- Assessment of mandatory and requisite skills is undertaken in orientation to determine minimum standards are met and the staff member is effectively prepared to meet work unit expectations (Refer to [Section 14: Evaluating and Reporting](#)).
- Nursing and midwifery collaborate with interprofessional colleagues in development and review of shared orientation programs and resources to reduce duplication, achieve efficiency, and meet expected outcomes.
- Orientation/induction resources (e.g., manuals, legislative, mandatory, and requisite training and assessments) are reviewed annually (QH, 2021c; SoQ (QH), 2018a).
- Orientation/induction programs are evaluated to capture content relevance, facilitator engagement, participant satisfaction and feedback. (Becker & Bish, 2021)

Newly employed and transferring nurses and midwives are supported to integrate lifelong learning into practice. This support promotes a Positive Practice Environment and assists colleagues to transition effectively into a new classification and/or role through being provided

opportunities to consider knowledge, skills and abilities required to fulfil role responsibilities within their defined scope of practice, and how these are applied to mitigate risk, and achieve safe patient outcomes (QNMU, 2020; SoQ (QH), 2018a). Consequently, an essential component

of successfully orientating/inducting, and transitioning a new/transferring employee is that they are well-versed about workplace values, responsibilities, and are acquainted with co-workers and specific work unit requirements. As such, all figures included in the *Framework* can be applied to facilitate orientation/induction and transition processes according to HHS/facility, professional, and individual learning needs, and stages of career pipeline and development (SoQ (QH), 2023a).

10.2 Transition Process

Transition processes identified in the *Framework* refer to (but are not limited to) the programs, resources, support, and time required to assist new or transferring employees successfully adjust to changes and prerequisites required when moving into a new classification and/or role to enable them to become an effective member of the health care team (Becker & Bish, 2021; Fox, Henderson & Malko-Nyhan, 2005; Urban & Barnes, 2020).

When a newly employed nurse or midwife (irrespective of classification, role, and length of service or experience) commences in a new work environment classification or role, there is a period before they feel confident and competent (Phillips, Kenny, Esterman & Smith, 2014, Urban & Barnes, 2020). During this time nurses and midwives undergo change that requires them to socialise to role responsibilities, acquire knowledge, skills, values, and attributes integral to their role, and consolidate critical thinking and reflection (Thorne, 2006; Urban & Barnes, 2020). To realise effective transition, work unit colleagues have the responsibility for supporting nurses and midwives in the achievement/maintenance of practice in line with relevant national, state, and professional standards (Ashurst, 2020; Lam, Schubert & Herron, 2020; QNMU, 2020). Hence, the provision of transition support is perceived as crucial and an integral part of workforce planning (Graf, Jacob, Twigg & Nattabi, 2020; Haggerty, Holloway & Wilson, 2013).

International and national literature has identified a direct correlation between the implementation of transition support processes and the long-term retention of nursing and midwifery staff (Booker, 2011; Earle, Myrick & Yonge, 2010; Graf et al., 2020; Haggerty et al., 2013; Myrick & Yonge, 2010; Rainbow & Steege, 2019; Rush et al., 2013a). Moreover, global workforce shortages and mobility, coupled with efficiency measures have accelerated the requirement to efficiently transition nurses and midwives into new roles and the workplace (Mehdaova, 2017; Rainbow & Steege, 2019; Rush et al., 2013a).

Transition support processes post initial Orientation/Induction programs are utilised for (but not limited to) any nurse or midwife who is:

- Moving to a new practice setting and/or classification or role (irrespective of classification and years of experience) (SoQ (QH), 2018a & 2019c)
- Re-entering the workforce following successful completion of a period of supervised practice or a re-entry to practice program approved by the Nursing and Midwifery Board of Australia (NMBA) (Hold a general or non-practicing registration and have not practiced for between five to 15 years) (NMBA, 2022c & 2022d). (Refer to [Section 10.3.4: Re-entry to Practice](#) and [Section 13.2: Supported Practice](#)).



Refer to:

[Supported Practice Framework for Nurses and Midwives](#) (SoQ (QH), 2023d)

- Entering the workforce for the first-time following completion of a pre-registration, pre-enrolment or pre-endorsement course (SoQ (QH), 2018a & 2019c)
- Undertaking a Transition Support Program (TSP), Immersion (e.g., SwIM) or Accelerated Specialisation Program (SoQ (QH), 2018a & 2019c)
- Undertaking a postgraduate higher education program relevant to the specialty area of practice (SoQ (QH), 2018a)

- Undergoing any change or re-design to classification or role following significant review or reform.

Transition processes identified in the *Framework* need to be applied from an individualised perspective and documented in the PDP. The time to effectively complete transition processes is established by individual entry behaviours/knowledge/skills and achievement of standards of practice role expectations (as specified in Role Description) (Graf et al., 2020; Rush, Adamack, Gordon, Janke, & Ghement, 2013b; Rush, Janke, Duchscher, Phillips & Kaur, 2019; SoQ (QH), 2018a). Therefore, completion timeframes will vary depending on the individual; nature and extent of transition processes required; and availability and effectiveness of infrastructure support.

To increase efficacy of transition to practice and attain expected standards contemporary literature advocates the value of integrating support in some form throughout the entire first year of employment (Earle et al., 2010; Graf et al., 2020). The view expressed is that effective transition to practice enables the nurse or midwife to successfully integrate into the health care team and work unit. To facilitate support processes, education programs specifically designed to support the development of nurses and midwives and aid progression through the transition phase have been developed to encourage a:

...spirit of enquiry and learning that reaches far beyond the walls of academia where the foundations of professional practice have been established” (Bridges, Herrin, Swart, McConnell, & Toma, 2014: p.61).

Consequently, teaching and learning provision during transition should be through formal and informal support systems facilitated by: Nursing and Midwifery Educators, Clinical Nurse or Midwife - Clinical Facilitators, preceptors, coaches, practice partners, and mentors. This support is primarily preceptorship based (or

similar model) and should apply the tenets of preceptorship or similar program/s (e.g., coaching, supervision, mentoring), and workforce plans and strategies (Bridges et al., 2014; Graf et al., 2020). (Refer to [Section 12.1: Preceptorship](#); [Section 12.5: Mentoring](#); [Section 12.6: Succession Management](#)).




Refer to:

[Preceptor Training Program for Nurses and Midwives – Queensland Health \(Overview\)](#) (SoQ (QH), n.d.[a])

[Succession Management & Mentoring Manual & Toolkit for Nurses and Midwives](#) (SoQ (QH), 2019b)

As such, transition processes can be facilitated by (but not limited to the following):

- Self-directed continuing professional development (CPD) learning activities (Refer to [Appendix 2: Examples of CPD Activities](#))
- Reference to the relevant classification Generic Level Statements from *Nurses and Midwives (Queensland Health) Award - State 2015 (2022 State Wage Case Reprint)*, pp 65 - 116 (Queensland Industrial Relations Commission [QIRC], 2022a).
- Career and Learning Pathways (Refer to [Section 8.3.1: Learning Pathways](#) and [Section 8.3.2: Career Pathways](#))
- Resources e.g., Orientation to a Classification or role package; Career Pathways Clinical Learning Resources; Work Unit Development Maps (Refer to [Section 10.4: Work Unit Development Maps](#))
- Planned skill acquisition or assessment
- Seminars/clinical workshops/study days
- Transition Support (TSPs) or Immersion (e.g., SwIM)/Accelerated Specialisation Programs (SoQ (QH), 2018a) (primarily relate to the nursing profession 

Standards for transition support process

Transition support is provided for all newly employed and transferring nurses and midwives to support a safe and effective transition into a new practice area, classification/role (SoQ (QH), 2018a).

Standards for transition support processes

- Transition support processes are included as core activities in relevant strategic/operational/professional workforce and training plans/strategies (SoQ (QH), 2018a).
- Additional transition support processes and resources are used to facilitate accelerated learning opportunities for new graduates and other new/transferring staff.
- Sufficient resources and infrastructure support are allocated to effectively enable transition processes and programs (QNMU, 2020; SoQ (QH), 2018a).
- Nurses and midwives supporting transition processes should be adequately prepared via an endorsed training program (e.g., Preceptorship, Succession Management and Mentoring (Ministerial Taskforce on Clinical Education & Training Steering Committee [MTCETSC], 2007; SoQ (QH), 2019b & 2019c; Whitehead, Owen, Holmes, Beddingham, Simmons, Henshaw, Barton & Walker, 2013).
- Data pertaining to participant attendance and enrolments is maintained and reported in line with QH and HHS processes (e.g., TSP, Immersion Programs [e.g., SwIM] (QH, 2021c; SoQ (QH), 2018a).
- The PDP cycle provides a mechanism to negotiate and document individual transition support processes, engagement, and outcomes (QH, 2021b).

When a nurse or midwife enters the profession (e.g., New Graduate) or transitions from one area of specialisation to another (e.g., surgery to critical care; subacute medical to respiratory; clinical work unit to Clinical Nurse or Midwife - Clinical Facilitator/Clinical Coach) participation in more in-depth and longer transition support processes may be required. These may include, (but are not limited to), completing Orientation to Role Packages aligned to Career Pathways, and Transition Support and/or Immersion (e.g., SwIM) Programs that may attract some form of recognition of prior learning status with a higher education sector (HES) or a formal course of postgraduate study leading to an award at a specified Australian Qualifications Framework (AQF) level (AQFC, 2013).

10.2.1 Transition Support (TSP), Immersion (e.g., SwIM) or Accelerated Specialisation Programs

A variety of contemporary clinically focused, post registration, continuing professional development programs are available to support enhanced skills in translating knowledge into practice. These programs primarily relate to the nursing profession and include (but are not limited to) TSPs, Immersion (e.g., SwIM) and/or Accelerated Specialisation Programs. The programs, most of which have been developed through co-design with HES, target specific cohorts and assist newly graduated or transferred nurses or midwives (or others) to acquire further general and speciality knowledge and skills in a logical, sequenced supported approach to effectively transition to work expectations and contribute to best practice outcomes (Joyce-McCoach, Ashworth, Park, Kellerman &

McKenna, 2023; King, Taylor, Talpur, Jackson, Manley, Ashby, Tod, Ryan, Wood, Senek & Robertson, 2020; SoQ (QH), 2019c). QH nursing and midwifery HHSs encourage engagement in these programs and provide appropriate resources and support processes to assist participants achieve the tenets and learning outcomes of a relevant program. Nursing and Midwifery Educators in consultation with line managers adopt a lead role in coordinating and supporting nurses and midwives undertaking these independent learning programs to achieve learning outcome criteria (SoQ (QH), 2019c).

Moreover, these programs are recognised as an effective approach to: accelerate learning and support diverse individual needs; promote translation of knowledge and critical evaluation; enhance communication, self-motivation and leadership skills; and increase job satisfaction (King et al., 2020; Mlambo Silén & McGrath, 2021; SoQ (QH), 2019c). Likewise, they have been identified as an effective mechanism to expedite an individual's transition to become confident and competent for practice within a new work environment and that ongoing monitoring and evaluation of professional development is necessary to improve sustained knowledge translation (Vázquez-Calatayud, Errasti-Ibarrondo & Choperena, 2021).

TSPs, Immersion (e.g., SwIM) and/or Accelerated Specialisation Programs (e.g., Perioperative; Mental Health, Paediatric, Neonatal, Critical Care, Cancer Care) are delivered via mixed methods including (but not limited to): flexible self-directed learning modules, face to face workshops/sessions; online, video/streaming, simulation and clinical observation (Jang, 2022). The intent of each program is to provide requisite learnings to accelerate a participant's engagement and safe transition into an area of specialty practice and enable inexperienced colleagues to function more effectively with reduced supervision, in a shorter period of time.

Each program comprises theoretical and clinically focussed activities that encourage participants to reflect on their knowledge, skills, and abilities. Additionally, each offers a pathway

for optimising scope of practice and provides a pipeline for career progression (SoQ (QH), 2023a & 2023b). Self-reflection activities are encouraged to promote learning from experience and to assist the nurse or midwife to synthesise, analyse and transfer knowledge and skills from one context to another by stimulating critical thinking. To achieve optimal outcomes and confirm learning and translation into practice has occurred, milestones in the form of activities and assessments are utilised as markers to monitor the progress of the nurse or midwife against predetermined criteria/curricula (Jang, 2022; King et al., 2020; SoQ (QH), 2019c; Vázquez-Calatayud et al., 2021).

Workplace support for participants to achieve outcomes of these programs should be encouraged by management and includes (but is not limited to) nursing and midwifery educator coordination, and preceptor support and/or coaching from experienced clinicians working in the specialty area (Jang, 2022; King et al., 2020; Mlambo et al., 2021). To increase competence and effective transition it is crucial that there is a gradual withdrawal of support as the individual's knowledge and skills develop (King et al., 2020). Additional assistance for program participants is obtained through formal and informal mentoring or seeking career pipeline advice through consultation with other key stakeholders.


Nursing and Midwifery Educators liaise with key stakeholders including HHSs and co-ordinate, maintain data and report on participant engagement and achievements. Individual transition progress in a program is monitored via PDP and the relevant program enrolment database.


Furthermore co-design, development, implementation, and sustainability of these programs does not occur in isolation and requires engagement with key nursing and midwifery stakeholders and others including but not limited to HHS nursing and midwifery governance, HES partners, professional organisations, colleges, special interest groups and networks (SoQ (QH), 2018a; Theobald, Coyer, Henderson, Fox, Thomson & McCarthy, 2021). Additionally, to encourage continuing engagement in a pathway

of lifelong learning the nurse or midwife is encouraged to apply for advanced standing towards a relevant postgraduate program following the successful completion of all components of a program within the specified

time frame. (Refer to *Recognition of Prior Learning (RPL) Assessor Guide* (SoQ (QH), 2021d), *Application Resource Package* (SoQ (QH), 2021e), and relevant HES websites).

Standards for Transition Support, Immersion (e.g., SwIM), Accelerated Specialisation Programs

Transition Support, Immersion (e.g., SwIM) and Accelerated Specialisation Programs  are offered to newly employed and transferring nurses and midwives (or others) to assist in accelerating, consolidating and translating knowledge to enhance general and speciality knowledge and skills to support safe, effective transition into a new environment.

 Please note that the following standards are to be used in addition to application of those in [Section 10.2: Transition Process](#).

Standards for transition support, immersion, accelerated specialisation programs

- The HHS/facility is responsible for providing Preceptor (or other similar model, e.g., coaching) train the trainer and training programs and resources to build experienced workforce capacity and capability in supporting new/transferred colleagues.
- The HHS/facility/work unit is responsible for providing preceptor (or other similar model) support for all newly employed/transferred nursing and midwifery staff by an experienced clinician who has undertaken formal preparation for this role (MTCETSC, 2007; SoQ (QH), n.d.[a]; Whitehead et al., 2013).
- The HHS/facility/work unit is responsible for providing adequate resources and infrastructure support to enable effective participant engagement in transition support processes and similar context specific programs (Powers et al., 2019; Rush et al, 2013b; QNMU, 2020; SoQ (QH), 2018; SoQ (QH), n.d.[a]).
- Safe practice and translation of knowledge is promoted by preceptor (or other similar model) support occurring initially via direct supervision which is gradually withdrawn over a negotiated period of time in accordance with individual learning needs and demonstrated consolidation of learning (Chen, Liu, Wang & Dong, 2021) (Refer to [Section 12.1: Preceptorship](#)).
- The lived experiences, scope, and context of practice of the newly employed/transferring nurse or midwife must be considered prior to determining the extent and nature of transition support processes and program of learning (Chen et al., 2021).
- Transition support resources are provided as soon as practicable following employment/transfer to promote achievement of program criteria and other milestones and initiate PDP. A *Work Unit Development Map* that indicates learning expectations during the transition phase is recommended for use to support the individual's learning pathway (Joyce-McCoach et al., 2023).
- The scope and nature of support processes including formal programs (e.g., TSP, Immersion [e.g., SwIM], Accelerated Specialisation, Orientation to Role) are recorded and reported (SoQ (QH), 2018; SoQ (QH), 2019c).
- PDP provides a mechanism to negotiate and document individual transition support processes, engagement and outcomes (Jang, 2022; King et al., 2020; SoQ (QH), 2023d; Vázquez-Calatayud, et al., 2021). (Refer to [Section 13.1: Performance and Development](#))

The transition support processes including the standards identified above are applicable for both experienced and inexperienced colleagues transitioning to roles requiring the application of specialist knowledge and skills in speciality practice work units (e.g., Critical Care, Perioperative, Neonatal, Mental Health, Neurosurgical, Respiratory, Renal Dialysis, and Cancer Care). While transition support processes apply to every new/transferring or developing nurse or midwife, additional considerations are required in supporting a new graduate's transition into the professions and workplaces (Joyce-McCoach et al., 2023; King et al., 2020).

10.2.2 Early Career (New Graduate) Transition Support Considerations

The importance of the application of structured transition support processes during the first year of practice for newly qualified nurses and/or midwives is reinforced by key objectives in the *Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB11)* (QIRC, 2022b [section 72, page 44]). Accordingly, to achieve effective workforce capacity building and best practice standards it is essential that newly graduated nurses and midwives are supported by effective transition support processes as they commence their work life and professional journey:

- Orientation/Induction (Refer to [Section 10.1: Orientation and Induction](#))
- Preceptor support (Refer to [Section 12.1: Preceptorship](#)) aligned to individual clinical, professional and organisation learning needs, and context of practice
- Supervised and guided clinical learning
- Work-based programs designed to consolidate knowledge skills and values (e.g., CPD, TSP, Immersion (e.g., SWIM), Accelerated Specialisation Programs)
- Career/succession planning (Refer to [Section 12.5: Mentoring](#) and [Section 12.6: Succession Management](#))



Refer to:

[Succession Management & Mentoring Manual and Toolkit for Nurses & Midwives](#) (SoQ (QH), 2019b), and relevant

[Career Pathways for Nurses and Midwives](#) (SoQ (QH), 2023b)

[Orientation to Role Packages for Nurses and Midwives](#) (SoQ (QH), 2023e)

Specific Work Unit Development Map

In addition, discussions about professional and organisational values, socialisation, cultural awareness and the generic level statement domains from *Nurses and Midwives (Queensland Health) Award - State 2015 (2022 State Wage Case Reprint)*, pp 65 - 116 (QIRC, 2022a) are integral to achievement of effective new graduate transition and initiating a pathway of lifelong learning (Murray, Sundin & Cope, 2020; SoQ (QH), 2018a). Support processes such as those above, counselling (as relevant) and effective leadership and supervision facilitate attainment of a workforce able to demonstrate safe person-centred care through attainment of relevant skills, 'best fit' and highly desirable qualifications for a role (Australian Commission on Safety and Quality in Health Care [ACSQHC], 2021; King et al., 2020; Mlambo et al., 2021; Rush et al., 2019).

Additional Standards for Transition Support of New Graduates



Please note that the following new graduate standards are based on *Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB11)* (QIRC, 2022b [section 72, page 44]) and are to be used in conjunction with the other standards provided in [Section 10.2: Transition Process](#) and [Section 10.2.1 Transition Support \(TSP\), Immersion \(e.g. SWIM\) or Accelerated Specialisation Programs](#).

Additional transition support is provided for all newly graduated nurses and midwives to accelerate an individual's ability to consolidate and translate learning as they transition into a new practice area to meet specific work unit

expectations and provide safe person-centred care (El Haddad, 2016; SoQ (QH), 2018a; Murray et al., 2020; QIRC, 2022b; Rush et al., 2019).

Additional Standards for Transition Support of New Graduates

- In accordance with EB11 (QIRC, 2022b) all new graduates are offered focussed, enhanced support, supervision and training opportunities during the transition period including allocation to participate in TSP, Immersion, SwIM and Accelerated Specialisation Programs.
- New graduates are provided with relevant resources, and encouraged by the preceptor, nursing or midwifery educator and line manager to complete *Orientation to Role Packages for Nurses and Midwives* the key nature of *Work Unit Development Maps* to achieve expected milestones and PDP initiation (QNMU, 2020; SoQ (QH), 2018b). (Refer to [Section 10.4: Work Unit Development Maps](#)).
- The tenets of professionalism, leadership, health equity, cultural capability, values clarification, socialisation and change management should be embedded across the components of any transition support processes for a new graduate (e.g., programs, dialogue, and feedback) (SoQ (QH), 2023a & 2023c; SoQ (QH) & Queensland Aboriginal and Islander Health Council [QAIHC], 2021c).
- The HHS/facility is responsible for providing additional new graduate infrastructure support including strategies to facilitate preceptor/preceptee relationships and additional education and training resources, e.g., Clinical Nurse or Midwife - Clinical Facilitator role/workshops/resources.
- In addition to current new graduate transition support the HHS is responsible for rostering the equivalent of one additional week of training and one week backfill (Grade 5 - 1:6 ratio) to (QIRC, 2022b [section 72, page 44]; QNMU, 2020; SoQ (QH), 2021a) to build new graduate capacity and effective transition to the workplace.
- Preceptor support is provided by a suitably prepared experienced clinician. Initial direct supervision is gradually withdrawn over a negotiated period in accordance with new graduate progression and consolidated of learning (Jang, 2022; King et al., 2020; Mlambo et al., 2021). (Refer to [Section 12.1: Preceptorship](#)).
- Physical and psychosocial safety incorporating respect for individual experience, values, culture, beliefs and scope of practice are core considerations in supporting successful transition of the new graduate to the workplace (Chen et al., 2021; Joyce-McCoach et al., 2023; QNMU, 2020; SoQ (QH) & QAIHC, 2021c).
- The new graduate is provided feedback (written and verbal) which is documented within their PDP regarding their value, and contribution to the role and work unit.
- Colleagues within the work unit are responsible for encouraging new graduates to reflect on their practice, communication, and collaboration with the interprofessional team to enhance transition to work unit and achieve professional expectations (QNMU, 2020).
- It is the responsibility of each nurse or midwife to: effectively support socialisation and workplace collaboration; and role model and teach according to the new graduate's learning needs (e.g., time management, prioritisation, clinical and technical skills, interprofessional relationships, workplace values, and leadership) (SoQ (QH), 2023a & 2023b).

10.3 Additional Orientation and Transition Support Process Considerations

In addition to the support processes outlined in previous sections that relate to all nursing and midwifery colleagues and new or transferred colleagues, some nursing and midwifery roles and/or upskilling opportunities require specific consideration given the nature of employment, role, and engagement of these groups.

10.3.1 CPD / Short Term Clinical Upskilling

Many HHSs offer support to colleagues employed in another HHS or externally to QH (e.g., Royal Flying Doctor Service [RFDS], Australian Defence Force [ADF]) to undertake clinical upskilling.

These colleagues (internal and external to QH) are required to negotiate the type and extent of the upskilling and provide the workplace with either a set of objectives or evidence from their employer (according to HHS process) which identifies the type of clinical upskilling, and expectations in enhancing the individual's knowledge and skills to maintain clinical relevance.

Orientation and transition support processes will be dependent on the nature and the extent of the clinical upskilling, (e.g., QH SwIM, ADF upskilling). Some colleagues (e.g., external to Queensland Health) will require a formal orientation and graded supervision. Queensland Health colleagues will require orientation to the workplace and negotiated supervision based on the reason for the clinical upskilling.

10.3.2 Undergraduate Students in Nursing or Midwifery (USIN/Ms)

These colleagues are undertaking or have completed on a full-time basis, the second semester of the second year of a pre-registration program or the fourth semester of a second-year postgraduate, pre-registration program which will lead to a nursing or midwifery qualification

approved by the NMBA and are employed on a part time or casual basis within an HHS in a USIN/M Grade 2 position (Australian Health Practitioner Regulation Agency [Ahpra], 2013a & 2013b; QIRC, 2022a [Schedule 2, p69]). As such this group of colleagues should undertake orientation requirements similarly to other employees in line with the HHS orientation/induction policy (Ashurst, 2020; Becker & Bish, 2021).

Additionally, they are supported to transition into the workplace via general transition support processes (Refer to [Section 10.1: Orientation and Induction](#) and [Section 10.2: Transition Process](#)) including being provided a preceptor, reviewing role expectations according to role description and initiating PDP.

These colleagues do not undertake Transition or Immersion support programs but could be provided with a *Work Unit Development Map* related to role expectation within a specific work unit.

10.3.3 Cadets

Cadets are employed in a negotiated casual position with a requirement to be engaged in at least a 75% tertiary study load in an approved program of study which will lead to qualification and registration with the Ahpra/NMBA as a nurse or midwife (Queensland Government, 2009).

Cadets are required to complete 456 work placement hours over the course of the academic year (Queensland Government, 2009).

The cadet is employed as a Nurse Grade 1.1 (or Nurse Grade 3 if they hold registration with Ahpra as an Enrolled Nurse (division 2)) as a temporary employee for the duration of the cadetship program under an employer agreement arrangement. Cadets are released from duty on unpaid special leave (for study purposes) during 40 weeks of the academic year for the duration of their pre-entry degree or diploma. As such this group of colleagues should undertake orientation requirements similarly to other employees in line with the HHS orientation/induction policy (Ashurst, 2020; Becker & Bish, 2021).

Additionally, they are supported to transition into the workplace via general transition support processes (Refer to [Section 10.1: Orientation and Induction](#) and [Section 10.2: Transition Process](#)) including being provided a preceptor, reviewing role expectations according to employment classification (Grade 1.1 or 3) and initiating PDP.

These colleagues do not undertake Transition or Immersion support programs but could be provided with a *Work Unit Development Map* related to the nature of work being undertaken within a specific work unit.

10.3.4 Re-Entry to Practice

The role of the NMBA is to protect the public by ensuring that a nurse or midwife who is registered is able to demonstrate safe and competent practice. Therefore, when a nurse or midwife is supported in re-entry to practice a balance between public safety requirements and effective learning pathways back into the professions must be adopted (NMBA, 2019a & 2019b).



Caveat

At the time of publishing the *Framework* the information regarding re-entry to practice to the professions is correct (NMBA, 2019a & 2019b). However, given the changing state of healthcare and workforce availability it is recommended that the [NMBA website](#), policy and factsheet for re-entry is visited to confirm current requirements (NMBA, 2019a & 2019b).

Prior to being eligible for employment within an HHS/facility these colleagues who have not practiced for between 10 and 15 years, and who do not hold current registration must meet the requirements of the NMBA/Ahpra to obtain provisional registration with conditions and undertake a specified number of hours of supervised practice (determined on an individual basis by NMBA/Ahpra) or complete an NMBA approved re-entry program in line with registration standards (NMBA, 2019c & 2019d).

Nurses and midwives who have non practicing or general registration with a lapse in practice of between 10 and 15 years are required to obtain general registration with conditions and then

complete a specified number of hours of supervised practice (determined on an individual basis by the NMBA/Ahpra) or complete an NMBA approved re-entry program in line with registration standards (NMBA, 2019a & 2022e).

A lapse of practice of 15 years or more necessitates completion of an NMBA approved program of study leading to general registration (NMBA, 2019a).

Before employing these colleagues, the employing agency should undertake a registration status check, and refer to the *Supervised Practice Framework* factsheet and policy to determine requirements and the HHS/facility's ability to support employment and provide effective supervised practice for the required period (NMBA, 2022e).

When a colleague requiring supervised practice is employed, they will complete all relevant orientation/induction requirements and initiate PDP but will participate in their own specific transition support processes based on the determined nature of supervision (direct/indirect), practice hours and NMBA reporting schedules.

An HHS may find it useful to use some of the new graduate resources such as Transition Support Program modules, and development maps to assist these employees progress seamlessly through the Supervised Practice requirements.

Once these employees obtain full registration and are retained as employees, they will participate in the usual PDP cycle and other supportive processes.

As identified in [Section 8.3.1](#) learning pathways can be used to assist colleagues identify their learning and development needs and undertake focused learning to support work unit expectations and career progression. As previously outlined in [Section 10.4](#) a *Work Unit Development Map* (e.g., a form of learning pathway) has been found to be a useful tool for assisting new and transferring colleagues transition to an HHS/work unit and role. The following section provides insight into how a tailored *Work Unit Development Map* can be successfully applied as a transition support process.

10.4 Work Unit Development Maps

The *Work Unit Development Map* depicted as [Figure 6](#) is a nonspecific representation of noteworthy progressive learning stages, aligning mechanisms, structures, supports and influences that provide context for CPD and lifelong learning (SoQ (QH), 2018a). This representation provides a summary of key components of development required by a nurse or midwife throughout the continuum of learning over the span of their work life.

The expectation is that a learning pathway in the form of a *Work Unit Development Map* ([Figure 6](#)) can be contextualised to any work unit and be applied at every stage of a nurse's or midwife's career pipeline in relation to where they fit from a developmental perspective (e.g., new graduate, experienced nurse or midwife, or registered nurse specialisation) to meet individual learning needs. For example, a new graduate nurse or midwife would commence orientation and progressively move along the continuum with support according to needs. Similarly, a newly transferred or newly employed experienced nurse or midwife would also complete these requirements; however, they would be expected to transition more promptly to career development and lifelong learning activities

through transfer of existing knowledge, skills, and life experiences. An experienced nurse or midwife looking to progress their career to a higher classification may also find that using a *Work Unit Development Map* will assist in providing a focus of the nature and extent of additional learnings to be undertaken. As such, individual, clinical, professional, and organisational learning needs must be considered throughout each phase of the pathway in accordance with the specific service, work unit and role expectations.

The three (3) *Spheres of Learning* (Clinical, Professional and Organisational) (Refer to [Section 9: Clinical Professional and Organisational Learning](#)) at the extreme left of the diagram identify that each nurse or midwife must consider each sphere to capture the nature of integration and diversity of learning that occurs across each phase of the pathway. This approach assists achievement of safe, competent practice and quality consumer outcomes across the continuum of learning throughout one's career (SoQ (QH), 2018a).

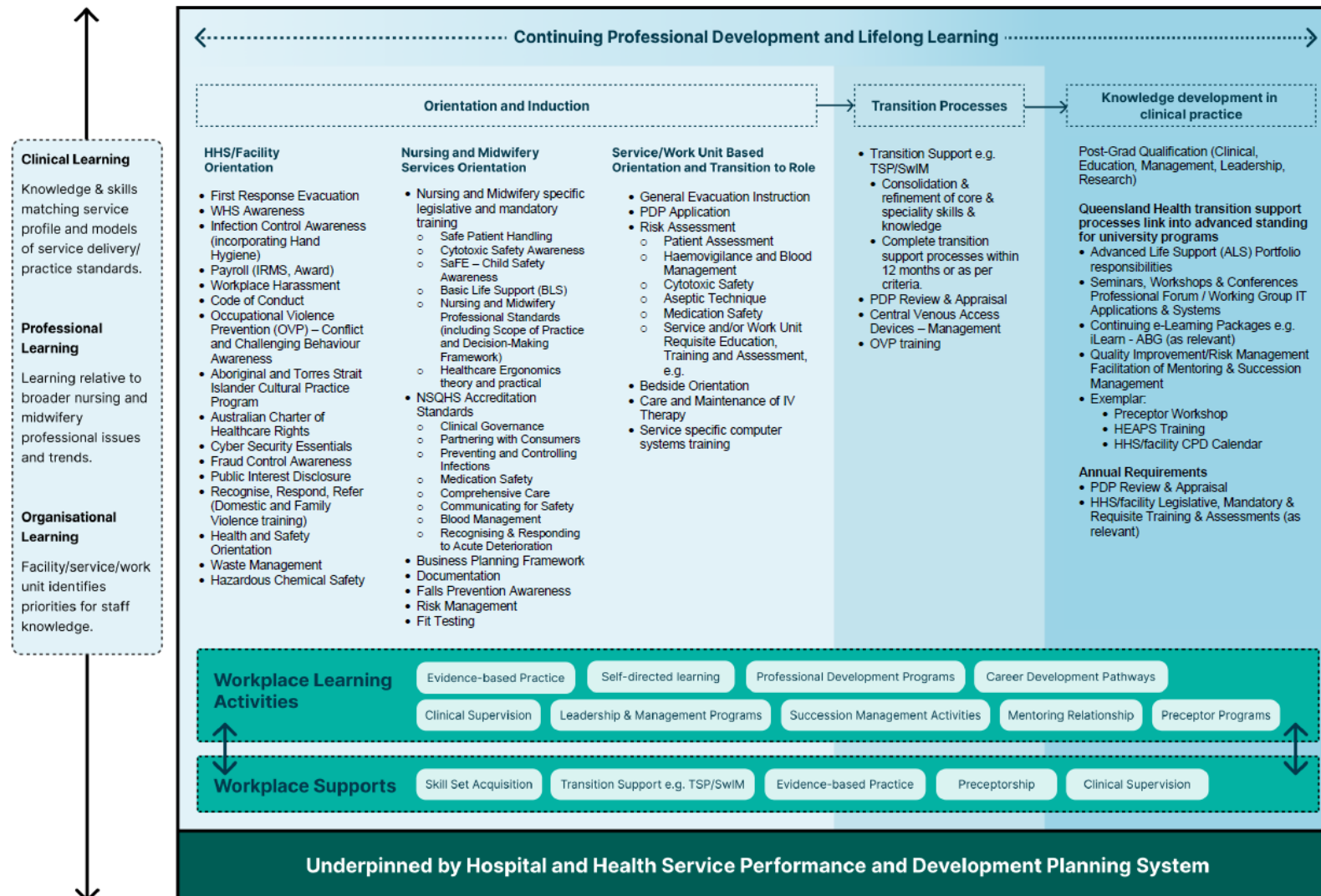
The upper components of the [Figure 6](#) (Orientation/Induction, Transition Process, Continuing Professional Development, and Lifelong Learning) depict the progressive learning phases of this *Learning Pathway*.

Figure 6: Broad Sample of a Work Unit Development Map (example of a Learning Pathway)



NB: Broad examples (Figure 6) of expected training and skillsets of legislative, mandatory and requisite training have been provided to depict expected knowledge and skills. However, these must be modified to reflect the context of practice for each nursing and midwifery classification/role or specialisation in order to achieve effective application of a Work Unit Development Map

Work units are encouraged to contextualise the provided Work Unit Development Maps to the practice context (by adding work unit name). Specific work unit requirements in respect to legislative, mandatory, requisite training, upskilling & CPD should be considered in respect to professional requirements. All new/transferred employees should be provided with a Work Unit Development Map aligned with PDP.



The two lower components of [Figure 6](#) indicate foundational processes (*Workplace Learning Activities and Workplace Supports*) to be applied to encourage active learning across the *Work Unit Development Map* pathway to achieve milestones, assessment criteria and expected outcomes.

Collectively, each component of the *Work Unit Development Map* (spheres of learning, phases of transition, workplace activities, and supports) are underpinned by HHS PDP processes identified in the lowermost section of the representation. PDP supports formalisation, monitoring, and feedback in respect to expected progress and outcomes (Refer to [Section 13.1: Performance and Development](#))

There is an expectation that a Nursing and Midwifery Educator will collaborate with key stakeholders to develop and promote application of *Work Unit Development Maps* or similar learning pathways for each classification of nurse or midwife within a specific clinical work unit. This approach assists with: contextualisation of training; determination of skill sets and timelines through assessment; alignment with role description and work unit service delivery requirements (Murray et al., 2020; Rafferty, Xyrichis & Caldwell, 2015; SoQ (QH), 2018a).

Work Unit Development Maps should be: readily available to all relevant nursing and midwifery staff within the work unit; be negotiated; and included as an attachment in the individual's

PDP. The *Work Unit Development Map* for each classification of nurse or midwife within a clinical work unit ([Figure 6](#)) is updated annually or as required based on work unit service changes.



Refer to:

[Appendix 6: Examples of Work Unit Development Maps](#)

- Assistant in Nursing
- Enrolled Nurse
- New graduate
- Midwife
- Critical Care (Emergency Department) RN without Critical Care Qualifications

Nursing and Midwifery Educators and experienced staff within the work unit (e.g., clinical nurse or midwife/clinical facilitator/preceptor/coach) support and promote effective participant engagement and achievement of the milestones and assessment criteria for the relevant *Work Unit Development Map*. The line manager provides leadership, feedback, and operational oversight by collaborating with others to document progress and achievement of *Work Unit Development Map* milestones and other transition support resources, (e.g., career pathways, TSP modules, SwIM) in the individual's PDP.

11. Clinical Placement and Student Support Processes

The importance of providing effective clinical placement experiences to meet education programs and registration requirements for students of nursing and midwifery, and those undertaking postgraduate programs cannot be underestimated by the professions (Nyoni, Dyk & Botma, 2021). While current demand for clinical placements appears to generally exceed supply, without meaningful industry and HES partnerships the nature of clinical placements will be impacted, and trainees and students will not gain appropriate clinical exposure required to prepare them to be safe, competent clinicians (Courtney-Pratt, FitzGerald, Ford, Marsden & Marlow, 2012; National Health Workforce Taskforce (NHWT), 2009; Nyoni et al., 2021).

The clinical experience, which includes: feelings of belonging to a team; availability of peer support; and the establishing helpful and positive relationships with peers and facilitators in a positive teaching and learning environment, together with meeting student expectations and a respectable understanding of the respective professions of nursing and of midwifery, become pivotal in the journey of the preregistration nursing and midwifery student. (Carter, Sidebotham & Dietsch, 2022; James & Chapman, 2010; Nyoni et al., 2021).

All clinical nursing and midwifery placement models including postgraduate programs requiring placement opportunities, need to prioritise the establishment, development and nurturing of positive relationships between trainees, students, facilitators, supervisors and HHS nurses and midwives (Nyoni et al., 2021). To achieve this:

- trainees and students in clinical placements must be supported by experienced nurses and midwives for their respective professions
- trainees and students need to be facilitated to meet specific program expectations through individualised support and feedback
- all clinical placement models need

specific orientation and resources to achieve a shared appreciation of specific program expectations

- Hospital and Health Service (HHS)/facility staff need to acknowledge cultural differences, understand cultural needs, and be culturally competent to recognise the influence on clinical placement engagement and experience
- clinical placement models should incorporate the development of positive learning experiences based on feedback from trainees and students, and the HHS clinical placement provider.
- consideration of the following elements is important to achieve optimal outcomes related to student/trainee support processes (Ozga, Gutysz-Wojnicka, Lewandowski & Dobrowolska, 2020; State of Victoria, 2016):
 - the nature and extent of supervision and clinical guidance
 - leadership style of the work unit manager
 - the role of the facilitator, buddy nurse or midwife, or clinical supervisor; and
 - the work unit culture and environment ability to foster learning

To support achievement of the above, annual review and negotiation of clinical placement capacity, clinical work unit allocation, and placement model/s should be undertaken. This approach assists in confirming each facility within an HHS is providing the most effective and appropriate clinical placement offers to Higher Education Sector (HES) partners and are championing the development of the future professional nursing and midwifery workforces.

After successful graduation from a program of learning, and if the individual is employed by Queensland Health, they are offered support to continue to engage in lifelong learning opportunities including transition support, Continuing Professional Development (CPD) and career planning.

While the principles of effective clinical placements and support processes relate to trainees, undergraduate nursing and midwifery students and other postgraduate nursing and midwifery students, the extent and nature of opportunity and expectations vary. As such the specific considerations for each category are addressed below.

11.1 Traineeships (School-based Trainees)

A School-based Traineeship in nursing is employment-based training declared to be a traineeship under the *Further Education and Training Act 2014*, where the trainee is a school student undertaking school studies, paid work with an employer and training in a traineeship occupation culminating in a nationally recognised qualification (e.g., Certificate III in Health Services Assistant). (Queensland Government [QG], 2021)

Trainees undertaking a Certificate III, participate in a specified number of program hours incorporating clinical placement within a workplace unit nominally one day a week. A trainee works under the supervision of a Registered Nurse or Midwife who remains responsible for monitoring their performance and outcomes irrespective of delegation of trainee support processes to an Assistant in Nursing (AIN) or Enrolled Nurse (EN). Accordingly, to achieve optimal engagement and placement outcomes trainees should be provided:

- An orientation to the work unit to assist with transition to the role, environment, and work unit expectations
- A Nursing and/or Midwifery Clinical Placement Coordinator (CPC) within each facility who will assist with nursing and midwifery matters
- A Registered Training Organisation (RTO) facilitator who liaises with HHS/facility point of contact in relation to trainee progression and achievement of outcomes

- Clinical placement opportunities and effective learning culture and strategies appropriate to their developmental age (e.g., grade 11, under 18 years of age, requiring parental consent for traineeship)
- Professional, considerate learning support and feedback commensurate with developmental age of trainee
- Relevant access of opportunity to clinical interaction in a supported and graduated manner commensurate with developmental age of trainee

11.2 Student Nurses and Midwives

The main source of the future workforce will be through preparation of nursing and midwifery students who meet the requisite Nursing and Midwifery Board of Australia (NMBA) Standards for Practice with ability to effectively transition into a new graduate position (NMBA, 2016c, 2016d, 2018d). Accordingly, to achieve successful workforce capacity, capability, and best practice standards, it is essential that nursing and midwifery students are nurtured and supported by their respective professions especially when undertaking clinical placement regardless of the gender identity of the student (Carter, Wilkes, Gamble, Sidebotham & Creedy, 2015; Nyoni et al., 2021; Salamonson, Maneze, Smith, Duff, Theobald, Montayre, McTier & Donnelly, 2023; Sidebotham & Fenwick, 2019; Sweet, Bazargan, McKellar, Gray & Henderson, 2018).

Consequently, nursing and midwifery students should be provided:

- Clinical Placements in a workplace unit that facilitates a positive culture of learning, and supports realistic, and meaningful engagement, achievement of clinical skills, knowledge, and professional socialisation that cultivates productive and competent contribution to consumer outcomes and the health care system.
- Clinical placement opportunities that are meaningful and consolidate theory, and

practice in line with the relevant HES expectations and student scope of practice to assist in achieving registration at the completion of the course of study.

- Access of opportunity to quality and varied clinical placement allocations to support sequential integration into the workplace, and consolidation of learnings to enable achievement of expected standards and the provision of self-sufficient, safe, competent person-centred/woman-centred care during transition from student to new graduate.
- Effective learning support by each nurse or midwife (including buddies, preceptors and student facilitators and others) who readily share their knowledge and practice in a professional meaningful manner when guiding, directing, and supervising nursing and midwifery students to achieve best practice care.
- Objective supervision, and consistent feedback by HHS nursing and midwifery staff to facilitate ability to achieve relevant assessment criteria and standards of practice in a confident and competent manner.
- Access to a buddy nurse or midwife preceptor or clinical facilitator/coach, or a combination of these support roles depending on the nature of the placement.
- Opportunities to participate in graduated withdrawal of direct supervision to foster work readiness, transition, and effective demonstration of student program outcomes/objectives.
- Effectual assessment (in line with the HES criteria) that is timely and meets principles of equity and natural justice.
- Opportunities to engage with HHS/facility nursing and midwifery staff to address any placement matters, incident management, complaints/compliments and to gain additional professional support.

- A point of contact who co-ordinates clinical placements and supports and guides both students and facilitators – in accordance with HHS/facility processes.
- Opportunities to gain from effective role modelling and develop positive perceptions of the nursing and midwifery profession.

11.3 Postgraduate Students

Nurses and midwives generally undertake postgraduate courses of study to: advance practice and facilitate career specialisation; develop leadership skills to foster career progression; and enhance knowledge and skills from a lifelong learning perspective.

Some postgraduate programs e.g., Master of Nurse Practitioner, Maternal, Child and Family Health Practitioner, require clinical placement and/or supervision. While it is appreciated that nurses or midwives undertaking these programs have previous knowledge and experiences that can be readily transferred, they should still be afforded effective clinical placement support. This includes but is not limited to: the opportunity to effectively participate in a positive culture of learning in the workplace, that supports realistic, and meaningful engagement that cultivates advanced knowledge and skills; achievement of program outcomes; professional socialisation and career progression. (Refer to [Appendix 5: Recommended AQF Levels for Nursing and Midwifery Classification](#)).

11.4 Interprofessional Education

The concept of interprofessional education (IPE) is continuing to gain momentum and regulatory professional body and policy support as a strategy to facilitate redesign of healthcare systems to promote interprofessional teamwork, enhance the quality of patient care, improve health outcomes and organisational performance (Moote, Ratcliffe, Gaspard, Kennedy, Leach,

Vives & Zorek, 2022; van Diggele, Roberts, Burgess & Mellis, 2020).

The World Health Organization (WHO) (2010) states:

“Interprofessional education occurs when two or more professionals learn about, from and with each other to enable effective collaboration and improve health outcomes”.

Clinical Interprofessional Education (IPE) activities should focus on achievement of IPE competencies to prepare students for interprofessional collaborative practice and building relationships with other providers and better prepare students for team-based care (Moote et al., 2022). As such it is critical that strategies for planning, designing, and facilitating interprofessional clinical placements are meaningful, collaborative, supported by prepared facilitators from a range of professions and skill sets, and provide opportunities across various clinical environments to achieve either pre-qualification or registration (Moote et al., 2022).

In promoting IPE, it is important to consider the nature of working relationships between learners, healthcare professionals, consumers (including families and communities), and how facilitators of this form of learning apply formal and informal strategies to achieve competence and support relationships that build capacity (Moote et al., 2022; Parker, Johnston & Theobald, 2022; van Diggele et al., 2020).

Additionally, although IPE is generally considered in the context of western health care professionals, in settings where there is a reliance on traditional and Indigenous healthcare, inter-cultural training and participation of traditional or Indigenous practitioners in IPE is important. This interaction enhances relevance and fosters care engagement from both a clinical placement and continuing professional development perspective in developing and supporting relationships between co-workers (Samarasekera, Nyoni, Amaral & Grant, 2022).

12. Supporting Relationships to Build Capacity

Relationships between co-workers are extremely important as a means of achieving goals. People do not work in isolation, and every relationship is different due to what they can offer or share to achieve a common goal. However, once formed, attention, effective communication, loyalty, appreciation of needs and nurturing are ongoing requirements to maintain the relationship.

Furthermore, effectively developing and maintaining work-based relationships can be individually and professionally rewarding as well as provide an opportunity to support capacity building for other nursing and midwifery colleagues. The focus on building capacity in workplace relationships is about interacting collaboratively with others to strengthen performance and engagement, identifying opportunities for improvement, and increasing the impact of return on expectations (Blass, McFee, Hunt, Francone, Nguyen, Vermillion, Canamar & Sarff, 2023; National Scientific Council on the Developing Child, 2015; Thompson, Lin, Faithfull-Byrne, Gonzales, Naumann, Geisler & Moss, 2021).

An individual taking the lead in a supportive relationship should facilitate the other person to target development of specific skills needed for adaptive coping, sound decision making, effective self-regulation and the learned ability to adjust to change and new challenges (Blass et al., 2023; National Scientific Council on the Developing Child, 2015; Thomson et al., 2021).

The nature of supportive relationships in the workplace can take multiple forms dependent on the context of practice, development needs of the individual and role. Formal and informal supportive processes may include (but are not limited to) preceptorship, coaching, clinical supervision, succession management and mentoring and the tenets of establishing a positive practice environment and supporting practice effectively (Queensland Nurses' and Midwives' Union of Employees [QNMU], 2020; State of Queensland [SoQ] (Queensland Health [QH]), n.d.[a]; SoQ (QH), 2019b & 2023d). A commonality between preceptors, mentors, and

coaches is an interest in the development of others.

12.1 Preceptorship

Preceptorship is a formal planned short-term relationship between an experienced nurse or midwife (preceptor) and new/transferred nurse or midwife (preceptee), which is designed to assist successful transition, adaption to role responsibilities, and achievement of performance expectations (Blass et al., 2023).

Preceptorship is an important support strategy in the effective transition of any new or transferred nursing or midwifery employee who may face challenges while transitioning from a known role to an unknown role (QNMU, 2020). By the nature of the work and workplace environment these employees may find themselves in stressful situations that challenge personal values and expectations of the workplace (Lindfors, Kaunonen, Huhtala & Paavilainen, 2022). This can lead to the first few months of employment being confronting and confusing which can contribute to dissatisfaction with the role and early attrition from the organisation (Lindfors et al., 2022; Quek, Ho, Hassan & Quek, 2019).

Therefore, it is crucial that effective support systems such as preceptorship are in place to enhance the workplace culture and demonstrate a positive practice culture that promotes delivery of safe, high quality healthcare and improves collaborative clinical relationships (QNMU, 2020; SoQ (QH), n.d.[a]; SoQ (QH), 2018a).

In recognition of the importance of preceptorship, a suite of resources have been developed for statewide application. These overarching resources provide the scaffold for teaching and learning considerations that contribute to the development of trained preceptors who facilitate the development of a sustainable, professional, capable and person-centred nursing and midwifery workforce (SoQ (QH), n.d.[a]). To assist this achievement preceptors will engage

with others and use a variety of resources which include (but are not limited to) the following examples.



Refer to:

[Preceptor Training Program for Nurses and Midwives – Queensland Health \(Overview\)](#) (State of Queensland (Queensland Health), n.d.[a])

[Career Pathways for Nurses and Midwives](#) (State of Queensland (Queensland Health), 2023b)

[Orientation to Role Packages for Nurses and Midwives](#) (State of Queensland (Queensland Health), 2023e)

Specific Work Unit Development Map

Orientation and role Transition support Processes ([Section 10](#))

[NMBA Professional Codes and Guidelines](#) (NMBA, 2020d)

Internationally preceptorship is well considered as an effective mechanism to build a supportive teaching and learning relationship, to expedite a smooth transition from learner to an independent member of the health care team (Hardie, Darley, Langan, Lafferty, Jarvis & Redmond, 2022; Henderson, Fox & Armit, 2008; Ke, Kuo & Hung, 2017; Myrick & Yonge, 2005; Nielsen, Finderup, Brahe, Elgaard, Elsborg, Engell-Soerensen, Holm, Juul & Sommer, 2017; Quek et al., 2019; Shinnars & Franqueiro, 2015; Weselby, 2014; Whitehead, Owen, Henshaw, Beddingham & Simmons, 2015; Valizadeh, Borimnejad, Tahmanim Gholizadeh & Shabazi, 2016). To facilitate optimum transition, preceptorship should occur in a nurturing and well-structured environment where there is a fundamental responsibility to provide support, manage change, and facilitate open communication (Bengtsson & Carlson, 2015; Çamveren, Arslan Yürümezoğlu & Kocaman, 2020; Hughes & Fraser, 2011; Kelly & McAllister, 2013; QNMU, 2020; Quek et al., 2019). A lack of effective preceptorship and positive practice environment has been identified as impacting on new or transferring employees' decisions to leave the

organisation (Çamveren et al., 2020). Therefore, commitment by managers and other key stakeholders is integral to the success of the preceptorship experience (Bowen, Fox & BurrIDGE, 2012; Çamveren et al., 2020; Valizadeh et al., 2016; Whitehead et al., 2015).

Moreover preceptorship is a complex dynamic education process whereby the preceptor needs to undertake regular assessment of learning needs of the preceptee and employ various teaching and learning strategies that incorporate ethical principles, professional responsibilities, organisational values, and unite theory and practical requirements to reduce gaps (Bengtsson & Carlson, 2015; Carlson, Pilhammar & Wann-Hansson, 2010; Henderson et al., 2008; Hilli, Melender, Salmu & Jonsén, 2014; Jochim & Rosengren 2022; Kalischuk, Vandenberg & Awosoga, 2013; Valizadeh et al., 2016). The preceptor/preceptee relationship is viewed as fundamental in clinical practice and should be grounded in mutual openness via supportive processes in a nurturing environment as it provides feedback regarding performance and assists transition towards independent decision making, critical thinking, setting priorities, managing time, and providing skilled patient care while safeguarding clinical safety (Çamveren et al., 2020; Jochim & Rosengren, 2022; Kelly & McAllister, 2013; Matua, Seshan, Savithri & Fronda, 2014; QNMU, 2020; Quek et al., 2019; Valizadeh et al., 2016).

The literature identifies a preceptor as an experienced nurse, midwife or resource person who plays a pivotal role in the transition of staff from novice to required performance expectations by providing a sense of continuity and security and guiding and role modelling their knowledge, skills, and practice to increase confidence and enhance practice (Bengtsson & Carlson, 2015; Jochim & Rosengren, 2022; Muir et al., 2013; Valizadeh et al., 2016). As such, the scope of the preceptor role is diverse and comprises many concurrent responsibilities including (but not limited to): leading, role modelling, counselling, supporting socialisation, effective communication, teaching and coaching, skill and learning opportunity facilitation, critical thinking, guiding monitoring and assessing

performance (Bowen et al., 2012; Hardacker, Perkel, King & Hutchins, 2022; Henderson, Fox, & Malko-Nyhan, 2006; Kallenbach, 2016; Trede, Sutton & Bernoth, 2015; Shinnars & Franqueiro, 2015).

While a one-to-one preceptor/preceptee arrangement is ideal and encouraged, at times this may not be possible due to workplace context of practice and workforce demands. If one-to-one support is unable to occur, then a team approach to preceptorship is undertaken whereby a pre-determined number of experienced preceptors will support the newly employed or transferred nurse or midwife to achieve clinical, organisational, and professional expectations. (Blass et al., 2023; Jochim & Rosengren, 2022; Kalischuk et al., 2013; Matte, Pepin & Remmer, 2021; Nielsen et al., 2017; QNMU, 2020; SoQ (QH), n.d.[a]; Quek et al., 2019; Valizadeh et al., 2016).

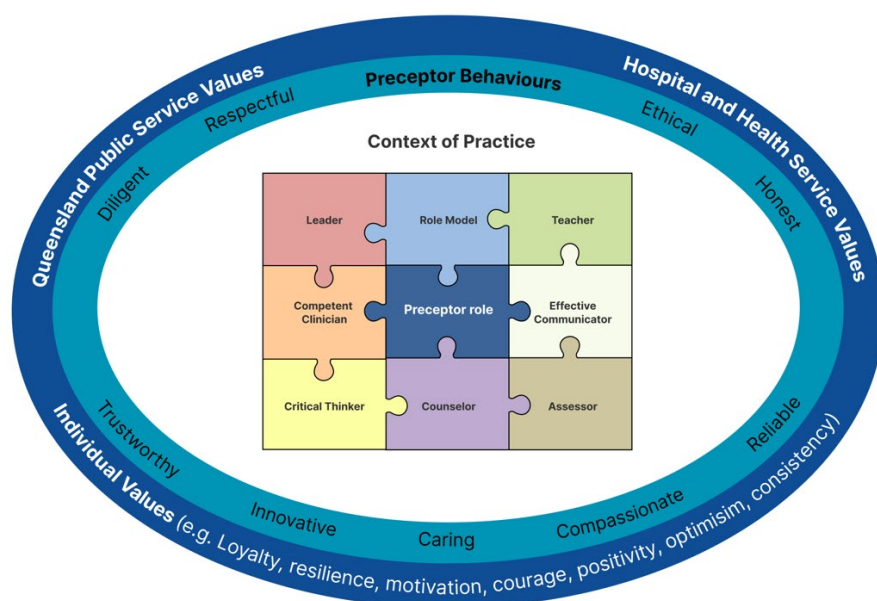
The nature and length of this formal relationship is dependent on the new/transferred nurse's or midwife's lived and professional experiences, scope of practice, work unit context, individual and organisational performance goals (Henderson et al., 2008; Jochim & Rosengren,

2022; Muir, Ooms, Tapping, Marks-Maran, Phillips & Burke, 2013; SoQ (QH), n.d.[a]).

Effective preceptorship promotes learning and supports the development of preceptees by exposing them to unique learning opportunities and orientating them to the work environment and culture and is integral in facilitating, guiding, and developing positive interpersonal relationships between the preceptee, the preceptor and patients (Hardie et al., 2022; Jochim & Rosengren, 2022).

[Figure 7](#) illustrates the relationship between fundamental inter-woven responsibilities of the preceptor role (inner multi coloured section); individual behaviours (first outer section) and organisational and individual values (outermost section) that can influence how effective the preceptor is in establishing and maintaining their relationship with a preceptee. All interwoven responsibilities as depicted are of equal value in demonstrating effective application of the preceptor role. However, given situational context a preceptor may focus one or a combination concurrently in their efforts to support the preceptee to build capacity.

Figure 7: Diagrammatic Representation of Preceptor Role



Queensland Public Service Values

- Unleash potential
- Be courageous
- Empower people
- Ideas into action
- Customers first

The Queensland Public Service Values can be added to or can be substituted with the HHS values.

12.1.1 Effective preceptorship

As identified in [Figure 7](#) values, behaviours, and application of ideal interwoven preceptor role expectations can have a long-term influence on a preceptee in enhancing socialisation; creating a conducive teaching and learning environment; shaping clinical experiences, their career, and quality of patient care (Bowen et al., 2012; Chen, Liu, Wang & Dong, 2021; Gopee, 2008; Jochim & Rosengren, 2022; McCusker, 2013; QNMU, 2020; Ward & McComb, 2017).

Therefore, consideration of the preceptor's personal values and attributes, and their ability to effectively fulfil role responsibilities is important in achieving required outcomes (Bengtsson & Carlson, 2015; Henderson et al., 2006; Shinnars & Franqueiro, 2015). Simply assigning a new starter to another colleague named as a 'preceptor' or 'buddy' will not guarantee quality workplace training and clinical competence. The key to facilitating the learning goals of

preceptorship is developing and sustaining high-quality preceptor/preceptee relationships based on mutual respect (Alonso, Porter, Graves & Gordon, 2022; Bengtsson & Carlson, 2015; Lindfors et al., 2022).

To promote an effective preceptor/preceptee relationship any nurse or midwife undertaking a preceptor role should complete a Preceptor Training Program. The aim of the QH endorsed Preceptor Training Program is to support nurses and midwives to assume the role of preceptor and effectively transition new or transferred employees (preceptees) into the workplace to meet the required performance expectations of their role. Refer to [Figure 7](#) in respect to relationships, responsibilities, behaviours, and values that may influence the establishment and maintenance of an effective supportive and developmental relationship with a preceptee (SoQ (QH), n.d.[a]).

Supportive resources including The Preceptor Training Program and Handbook and Preceptor Training Program Toolkit are used to provide nurses and midwives with the basic theoretical knowledge and practical skills required to effectively function as a preceptor (SoQ (QH), n.d.[a]).

As identified, to achieve the best preceptorship outcomes, preceptors need effective training and where possible postgraduate awards. Similarly, organisations have an obligation to provide them with requisite knowledge and skills required to achieve expected preceptorship outcomes (Bengtsson & Carlson, 2015, Queensland Government [QG] (QH), 2021). Hence, the availability of suitably trained preceptors is important in maximising opportunities to guide and support new staff, and for fostering an environment for learning where practice is valued and developed (Bengtsson & Carlson, 2015; Bowen et al., 2012; Gopee, 2008, QNMU, 2020: QG (QH), 2021). Therefore, preceptorship should be planned in the context of the individual's facility/work unit and professional responsibilities.

Learning undertaken and the documentation of such learning in performance and development plans (PDPs) should relate to role expectations thereby reducing duplication of effort by both the preceptor and preceptee (Morley, 2013; Nielsen et al., 2017; QH, 2021b; SoQ (QH), n.d.[a]; SoQ (QH), 2018a, 2023a & 2023d).

Successful application of an effective preceptorship model achieves the following benefits:

- Clarification of employment expectations
- Promotion and encouragement of an open honest and transparent culture among staff
- Supports the delivery of quality efficient health care
- Signifies organisational commitment to learning
- Provides access support in embedding values and expectations of the HHS and profession
- Attracts and retains staff
- Decreases staff turnover and short-term absenteeism.
- Promotes a supportive working environment, and development of a trustful caring culture
- Fosters supportive teamwork and improvements in nursing and midwifery outcomes
- Recognises the value of nursing and midwifery as supportive professions
- Fosters career progression and satisfaction
- Mitigates risk by providing access to trained experienced staff willing to guide and support others in the development of their practice (Gholizadeh, Shahbazi, Valizadeh, Mohammadzad, Ghahramanian & Shohani, 2022; Jochim & Rosengren, 2022; Ke et al., 2017; Myrick & Yonge, 2005; Muir et al., 2013; Nielsen et al., 2017; Weselby, 2014; Valizadeh et al., 2016).

Standards for Preceptorship

Preceptor support is provided to new and transferring nurses and midwives in line with the endorsed HHS/facility/directorate/service preceptorship processes and resources that facilitate effective transition to the role and workplace (Ke et al., 2017; Muir et al., 2013; Valizadeh et al., 2016).

Standards for Preceptorship

- Preceptorship operates within a nursing and midwifery professional governance framework (SoQ (QH), n.d.[a]; Whitehead et al., 2015).
- Key stakeholders support the application and maintenance of the endorsed QH Preceptor Program within the Hospital and Health Service (HHS)/facility (Bowen et al., 2012; Ke et al., 2017; Matua et al., 2014; SoQ (QH), n.d.[a]; Whitehead et al., 2015).

- Support processes include (but are not limited to) preceptorship model and resources and working collaboratively to enhance the preceptor/preceptee relationship and return on expectations (Bowen et al., 2012; Ke et al., 2017; Matua et al., 2014; SoQ (QH), n.d.[a]; Whitehead et al., 2015).
- Evidence-based educational resources for the preparation of preceptors are maintained by nursing and midwifery across QH to reduce duplication of effort and uphold the endorsed standards (Bengtsson & Carlson, 2015; Muir et al., 2013; SoQ (QH), n.d.[a]; SoQ (QH), 2018a).
- HHSs/facilities apply the endorsed Preceptor Training Program contextualised to address specific requirements (SoQ (QH), n.d.[a])
- A pool of appropriately prepared/trained preceptors is sustained within each HHS facility/directorate service to pre-determined minimum standards and targets (e.g., 30% or as determined by the HHS/facility) to facilitate effective role functioning, and accommodate new starter, preceptor recruitment and attrition rate needs (Ke et al., 2017; SoQ (QH), 2018a; Weselby, 2014).
- HHSs/facilities provide training, regular updates (e.g., every 18 months) and support preceptors to undertake the role, and monitor effectiveness through training registers, program evaluation, and reflection in action feedback (Bengtsson & Carlson, 2015; Muir et al., 2013; SoQ (QH), n.d.[a]; SoQ (QH), 2018a).
- Preceptor roles, responsibilities and development requirements are included within the PDP of the preceptor as a determinant of effective functioning within the role (SoQ (QH), 2018a; Whitehead et al., 2015).
- Each newly graduated or transferred nurse or midwife is allocated a Preceptor (or Preceptors if a team approach is used) on commencement of employment (SoQ (QH), 2018a; Whitehead et al., 2015).
- To maintain consistency in support the preceptee is (where possible) allocated the same shifts as the preceptor for the initial period of orientation and work unit induction (nominally 2 weeks).
- The principles of Recognition of Prior Learning (Refer to [Section 13.4: Recognition of Prior Learning \(RPL\)/Advanced Standing](#)) for Preceptor Training/Program attendance are applied to reduce duplication and maintain minimum standards (Bengtsson & Carlson, 2015; Queensland University of Technology (QUT), n.d.; SoQ (QH), 2021d & 2021e).
- The number of active preceptors, training workshops and updates and are recorded and reported at least annually (against predetermined targets as determined by the individual HHS/facility).
- Each nurse or midwife who undertakes a supporting relationship role (such as, those outlined in this Section), is adequately prepared and supported to fulfil the role (Bengtsson & Carlson, 2015; SoQ (QH), 2018a; Whitehead et al., 2013).
- Newly employed and transferring nurses and midwives are to be provided with learning and development opportunities to build clinical workforce capacity and capability. These include (but are not limited to) Career Pathways for Nurses and Midwives, Orientation to Role Packages for Nurses and Midwives, Work Unit Development Map) (Ke et al., 2017; Office of the Chief Nursing and Midwifery Officer [OCNMO], 2013a; SoQ (QH), 2018b, 2023a & 2023b; Whitehead et al., 2015).

The tenets and standards provided within this section have been expanded from original work undertaken to develop a statewide Preceptor

Model and Program (SoQ (QH), n.d.[a]) whereby relevance to the Queensland context informed development and application. Therefore, it is

recommended that each HHS, facility not only applies the above tenets and standards of preceptorship, but also embeds this important nursing and midwifery supportive process within strategic and education plans to achieve best practice and capability against pre-determined Key Performance Indicators (KPIs).

Preceptorship, coaching and mentoring have widely been recognised as effective workforce planning, development, and capacity building strategies (Çamveren et al., 2020; Gholizadeh et al., 2022; Whitehead, Dittman & McNulty, 2017). More than ever individuals and organisations are recognising the benefits of implementing and integrating these and other supportive relationship strategies to facilitate a culture of development, and career advancement as well as the effective management of knowledge capital (Çamveren et al., 2020; Gholizadeh et al., 2022; Whitehead et al., 2017).

12.2 Coaching

Coaching is a collaborative relationship between a coach and a staff member with the aim of uncovering potential to maximise performance, learning and development (Power & Wilson, 2019; Wagoner-Duncan & Tinsley, 2023). This approach while not extensively widespread across QH HHSs is viewed as a mechanism to increase motivation and productivity, improve communication, networks, greater self-awareness, and an enhanced appreciation of one's career path (Arnold, 2016; Medd, 2011; Jones, 2015; Wagoner-Duncan & Tinsley, 2023).

However, when coaching occurs, the coach works with an individual and teams in a different manner to that of preceptors or mentors and are not necessarily content experts with a specific knowledge base or provide guidance, instruction, advice or solutions (Bond University, 2018; Jones, 2015; Power & Wilson, 2019). Essentially a coach will focus on supporting the individual to expand learning about themselves; identify areas for development and encourage them to develop their own capabilities through structured consideration of different options, to become self-

aware of choices and plan actions (Arnold, 2016; Blass et al., 2023; Jones, 2015).

Coaching may assist the individual to:

- Develop skills (time management, budgeting, presentation skills)
- Improve performance dependent on identified gaps
- Focus on solutions (identify and address issues, problem solving)
- Be results oriented (goal setting and action planning)
- Focus on personal and professional development (career or leadership)

(Arnold, 2016; Bond University, 2018; Power & Wilson, 2019; Thompson et al., 2021; Wagoner-Duncan & Tinsley, 2023).

While coaching, preceptoring and mentoring use similar approaches coaching generally focuses on immediate goals and developmental issues individually or within small groups. Additionally, this approach with a focus on one's goals and vision can be used for a variety of intents such as: performance, skills, work shadowing, team facilitation, career, personal and executive coaching (Bandura & Lyons, 2017; Jones, 2015; Power & Wilson, 2019).

Coaching is viewed as an effective mechanism for enabling an organisation to meet competitive pressures, plan for succession and bring about change (Blass et al., 2023; Riddle, Hoole & Gullette, 2015). Particular organisational situations where coaching may be appropriate as a development intervention include: talent shortages; long term performance improvement; behaviour change achievable in short time frame; organisational change; future leaders or senior executives. However, while coaching is considered an effective development tool, its success rests with application to specific need and intention (Jones, 2015; Riddle et al., 2015; Wagoner-Duncan & Tinsley, 2023).

Although coaching is a method of improving individual or team performance through direction and instruction its application will vary across and between HHSs and facilities. Therefore, reference to specific processes, resources and

contexts is recommended. Furthermore, in some HHSs and facilities coaching is used with success to support supervised practice and clinical supervision approaches (Arnold, 2016; Bandura & Lyons, 2017; Blass et al., 2023; Jones, 2015).

12.3 Clinical Supervision

While the work of nurses and midwives in contemporary healthcare settings can bring considerable rewards, it can also be challenging and emotionally burdensome (SoQ (QH), 2021b). As such, clinical supervision, a multifunctional process that offers practical, solution-based one-to-one discussion or facilitated group discussion, has been identified as offering widespread benefits for those providing health care, and consumers of healthcare services (Carter, 2022). Clinical Supervision promotes reflective practice, critical thinking, and engagement in lifelong learning (Australian College of Midwives, Australian College of Nursing & The Australian College of Mental Health Nurses inc., 2019; Love, Sidebotham, Fenwick, Harvey, & Fairbrother, 2017; Pollock, Campbell, Deery, Fleming, Rankin, Sloan & Cheyne, 2017; SoQ (QH), 2021b).

It also provides an opportunity for all nurses and midwives to obtain support and maintain psychological wellbeing to enhance personal coping and confidence in decision making, offset stress and reduce fatigue (Australian College of Midwives, Australian College of Nursing & The Australian College of Mental Health Nurses inc., 2019b; Carter, 2022; Edgar, Moroney & Wilson, 2022; Ernawati, Damris, Revis & Irfida, 2022; SoQ (QH), 2021b). This formal process of support and reflection may occur between a pair of individuals or within a small group.

However, nursing and midwifery clinical supervision is situated within a wider framework of governance activities designed to support staff and promote quality patient care (Bifarin & Stonehouse, 2017; SoQ (QH), 2021b). As such, it is separate to activities such as preceptorship, line management support, performance

development planning and mentoring (Bifarin & Stonehouse, 2017; QH, 2009).

In recognition of the positive effects associated with Clinical Supervision a QH *Clinical Supervision Framework for Queensland Nurses and Midwives* has been developed for HHS application (SoQ (QH), 2021b). This supportive professional development activity offers strategies to assist clinical supervisors provide a confidential and culturally safe space for nurses and midwives to critically reflect on their practice in the workplace (SoQ (QH), 2021b). This [Framework](#) comprises a suite of resources to assist in the planning, implementation, monitoring and evaluation of Clinical Supervision and is supported by a Clinical Supervisor Training Program (SoQ (QH), 2021b). Clinical Supervision in this Framework is defined as:

...a formal professional relationship between two or more people in designated roles, which facilitates reflective practice, explores ethical issues and develops skills.

(Australian Clinical Supervision Association [ACSA], 2023)



Refer to:

[Clinical Supervision Framework for Queensland Nurses and Midwives](#) (SoQ (QH), 2021b).

The four (4) key elements of clinical supervision comprise:

- Formative (learning through education and development)
 - Normative (taking accountability for own practice)
 - Restorative (supporting wellbeing and containment of stress)
 - Personal Action (encouraging continuous growth for quality improvements)
- (Carter, 2022)



Please note that in applying the principles of clinical supervision the focus is: the supportive relationship; awareness raising; sharing and enhancing development; accountability; and reflective practice. This

approach varies from the short-term, specific intent of supervision of nursing and midwifery students and staff in the clinical environment where capacity is built, but the timeframe precludes the opportunity for ongoing relationship building. However, in any form of supervision reflection which is a characteristic of professional practice should be undertaken by all nursing and midwifery colleagues as it promotes the development of personal and professional growth and is associated with improvement of quality of care (Martin, Lizarondo, Kumar & Snowden, 2021; Morgan, 2009).

Clinical supervision is most effective when professional development is the focus of the supervision, and when supervisors have the skills and attributes needed to promote constructive and therapeutic supervisory relationships (Anggeria & Damanik, 2022).

The effective relationship between the clinical supervisor and the individual is nurtured within a safe environment where dialogue and reflection can occur freely and provides the opportunity for nurses and midwives to actively support colleagues as skilled associates and provide affirmation and validation (ACSA, 2023; Bifarin & Stonehouse, 2017; Ernawati et al., 2022; Jones, 2006; Mohamed & Mohamed Ahmed, 2019; SoQ (QH), 2021b).

Therefore, supervision performs both educative and supportive functions by providing an opportunity to:

- Raise professional issues and gain further expertise by encouraging individuals to learn from their own experiences therefore learning to be a reflective practitioner
- Talk about the realities, challenges and rewards of practice and to be heard and understood by another healthcare professional
- Review and debrief approaches to performance (recovery-oriented support practices as applied to mental health),
- Confirm service delivery is following best practice standards.

(Australian Government, 2010; Carter, 2022;

Slade, Amering, Farkas, Hamilton, O'Hagan, Panther, Perkins, Shepherd, Tse & Whitley, 2014; Scottish Social Services Council [SSSC], 2016; SoQ (QH), 2021b).

As such, Clinical Supervision acknowledges an exchange between practicing professionals which may promote debate, challenge existing thinking, and generate solutions to problems in practice while fostering personal awareness and addressing areas of practice that may be of concern to the clinician. Moreover, clinical supervision can function as a tool to support components of clinical governance such as, quality improvement, risk and performance management and systems accountability (ACSA, 2023; Bifarin & Stonehouse, 2017; Edgar et al., 2022; Jones, 2006; SoQ (QH), 2021b).



Refer to:

[Clinical Supervision Framework for Queensland Nurses and Midwives](#) (SoQ (QH), 2021b)

Moreover, the positive effects of clinical supervision are not confined to nursing and midwifery staff but have been shown to extend to patients by reducing the risk of mortality, reduce the risk of complications and result in the provision of more effective care (Martin et al., 2021; SoQ (QH), 2021b).

Supervision and support practices, as part of workforce CPD can be useful for assisting with recruiting staff, retaining valuable staff, supporting, encouraging good practice and professional exchange, and worker well-being. It also fosters improved services, efficiency, and engagement in reflective practice (Carter, 2022; Mental Health Coordinating Council [MHCC], 2008; SSSC, 2016).

Reflective practice in supervision provides a unique opportunity for staff to be encouraged and supported to understand and incorporate the values and philosophies of the organisation, e.g., genuine consumer and carer participation, cultural sensitivity, recovery-oriented services and evidence-based practice (Interprofessional Ambulatory Care [IpAC] Unit, n.d.; Mohamed &

Mohamed Ahmed, 2019; Anggeria & Damanik, 2022).

12.4 Reflective Practice

Reflective practice is an active, deliberate professional development technique that involves thoughtfully considering one's own experiences when applying knowledge to practice. While reflection can be undertaken as an individual exercise to be meaningful it requires purpose, focus and questioning. Therefore, it is considered to be more effective if undertaken while being coached by professionals within the respective discipline (Saban, Drach-Zahavy & Dagan, 2021; Patel & Metersky, 2021).

Reflective practice involves becoming intellectually engaged in activities tailored to amend practices by transforming knowledge (MacNaughton, 2003). Intrinsically it is a unique part of CPD and service delivery that should be embedded in all organisational practices, (e.g., supervision, evaluation, performance management, cultural competence, and forming partnerships). Moreover, the concept of reflect practice is included as criterion in respective NMBA Standards for Practice.



Refer to:

[NMBA Enrolled Nurse Standards for Practice](#) (Nursing and Midwifery Board of Australia [NMBA], 2016c: criterion 10.3)

[NMBA Registered Nurse Standards for Practice](#) (NMBA, 2016d: criterion 1.1)

[NMBA Midwife Standards for Practice](#) (NMBA, 2018d: criteria 1.4, 3.4 & 7.3)

[NMBA Nurse Practitioner Standards for Practice](#) (NMBA, 2021a: statement 4.1)

As such, reflective practice is a self-regulated and continuous process that requires the individual to either:

- 'Reflect-in-action' – i.e., look to experiences; connect with feelings and individual frames of reference (i.e., understanding, or think and react quickly).

- 'Reflect-on-action' – i.e., thinking back to something and exploring why one acted in a specific manner and then writing or talking about it with a supervisor.
- 'Reflect-for-action' – i.e., thinking about future actions with the intention of improving or changing practice (Edwards, 2017; Mann, Gordon & MacLeod, 2009; Patel & Metersky, 2021).

Therefore, reflective practice is an active and cognitively multifaceted process of using self-awareness to critically reflect on current and previous experiences with the intent of obtaining new insights (Saban et al., 2021). As such reflective practice which can be spontaneous, deliberately planned, individual and/or involve others is considered a feature of high-quality learning environments (Llewellyn, 2021).

Reflection is a highly personal (and sometimes challenging) continuous process that requires a professional to consider daily experiences, internalise them, deliberate and filter these new thoughts through previous lived experiences and personal values and biases, before deciding how best to proceed to adjust practice, views, and behaviour (Barchard, 2022; Edwards, 2017; Mann et al., 2009; Saban et al., 2021). Therefore, a critical component of reflection and reflective practice is an action plan. This action plan involves identifying what changes are needed or what good practice can be repeated. Without an action plan, reflection is simply a story without any identified development (Stonehouse, 2019).

Considering the nature of the professions of nursing and midwifery, reflection on past experiences and practices provides a critique that assists with review of assumptions about learning and development, and questions beliefs and values an individual brings to their practice (Alden & Durham, 2012; Barchard, 2022). While nurses and midwives unconsciously learn from their experiences this learning and resulting development is made more explicit through reflective practice (Patel & Metersky, 2021).

Benefits of participating in reflective practice include: recognising and continuing good practice; changing and improving what is not working well; challenging practices that are taken

for granted; monitoring practice on an ongoing basis, and knowing when to find more information, and/or support from others (Llewellyn, 2021; Pockett, Napier & Giles, 2013). As such, reflective practice is recognised as providing a critical understanding of individual practice and continual development of skills which when applied achieve best outcomes and foster career development (Alden & Durham, 2012; Edwards, 2017; Patel & Metersky, 2021).

Therefore, it is important that the nursing and midwifery professions use reflection to expand and incorporate self-exploration, practice development, and transformative lifelong learning (Barchard, 2022; Edwards, 2017; Patel & Metersky, 2021). While reflection is considered a critical professional skill for health professionals, it does not develop automatically, and can be taught through effective facilitation by a skilled reflective practitioner. Hence the influence of a Nursing or Midwifery Educator or other colleague who has developed skills in providing quality feedback and creating a learning environment that facilitates reflections should not be underestimated as an important factor in nurturing staff and building competent teams (Bass, Sidebotham, Creedy & Sweet, 2020).

Therefore, ongoing reflection by Nursing and Midwifery Educators is crucial in respect to what, and how actions are undertaken, and by what means new knowledge is applied, to improve their own and others' practice to build capacity, achieve professional standards and workplace expectations, respond to community needs, and align with HHS strategic direction. Reflection requires a safe and positive environment so creating time and regular opportunities to reflect and providing access to a mentor or supervisor are essential for promoting reflective practice and for continuing professional development (Raban, Nolan, Waniganayake, Ure, Brown & Deans, 2007; Jayatilleke & Mackie, 2012; Llewellyn, 2021). The mentor who provides resources, skills, and guidance to promote the development of effective reflective practice, challenges the professional's thinking and encourages them to look at things from multiple perspectives rather

than reinforcing and affirming old habits (Kinsella, 2010; Brewer, 2016).

12.5 Mentoring

Mentoring is a voluntary, long-term, multifaceted developmental relationship where personal, psychosocial support and career guidance is provided to the mentee by a more experienced person/s (Brewer, 2016; Ephraim, 2021; Gong & Li, 2019; Groves, 2007; University of New South Wales [UNSW], 2015). The term 'mentorship' is sometimes used interchangeably with 'preceptorship' however the two concepts are significantly different (Dirks, 2021; SoQ (QH), n.d; State of Queensland (Queensland Health), 2019b). Preceptorship involves an experienced clinician who functions as a clinical resource supporting (new/transferred) nurses or midwives in a specific context of practice for a defined period. Whereas mentorship is a collaborative partnership where mentor and mentee share accountability for mutually defined goals as part of a relationship that may evolve over time and continue as long as the mentor/mentee find it valuable (Dirks, 2021; SoQ (QH), 2019b).

To support nurses and midwives to take responsibility for, and proactively manage, their career and its trajectory a QH [Succession Management and Mentoring Manual and Toolkit for Nurse and Midwives](#) has been developed for HHS application (SoQ (QH), 2019b). This supportive professional development resource facilitates effective statewide planning, implementation and evaluation of succession management and mentoring initiatives.

To support application of the key tenets of succession management and mentoring, the Manual & Toolkit has been divided into three sections:

- Succession Management
- Mentoring
- Succession Management & Mentoring Toolkit.

(SoQ (QH), 2019b)

The intent of supporting and applying the key

tenets of succession management and mentoring is to build nursing and midwifery workforce capacity and capability across QH to effectively fulfil career pathway expectations and vacancies within the context of practice in HHS/facilities (SoQ (QH), n.d; SoQ (QH), 2019b, 2023a & 2023b).

In promoting mentorship and mentor/mentee relationships, this symbiotic, dynamic, supportive and collaborative professional association seeks a more personal connection than other educational relationships. Mentorship focusses on advancing the mentee's professional and personal goals, developing their leadership skills and promoting opportunities for clinical, professional, organisational and individual growth of the mentee (SoQ (QH), 2019b).

Mentoring is essentially initiated by a narrative (usually conveyed by the mentee), which contributes to learning, improved critical thinking, analysis, understanding values, and outcomes aims to enhance self-awareness leading the mentee to gain confidence, and more effectively manage themselves in goals where they doubt capability (Bolman & Deal, 2021; Ehrich, 2013). The focus is less on instruction, supervision and assessment of performance but rather on positively influencing the development and performance of the employee through role modelling, challenging, advocating, guiding and assisting with critical reflection (Brewer, 2016; Ehrich, 2013; QH, 2010; SoQ (QH), 2019b).

Typically, the relationship involves an experienced professional supporting a less experienced colleague. However, this does not mean that the mentee is always a novice nurse, midwife, or leader. Successful mentoring encompasses consideration of experience, expertise, personal qualities, and inter-personal skills (SoQ (QH), 2019b). Therefore, mentoring is a useful support process that can be used for a variety of situations, and at different points throughout the nurse's or midwife's career including (but not limited to):

- Support of new starter (novice or experienced) nurses and midwives
- Nurses and midwives working towards a promotion

- Nurses and midwives undertaking a new or significantly changed role
- Enhance career trajectory and opportunities for career diversification
- Pipeline for developing talent, and availability of a workforce with requisite skills to fulfill vacancies and higher duties
- (Brewer, 2016; Ehrich, 2013; SoQ (QH), 2019b, 2023a & 2023b).

While mentoring arrangements have traditionally involved a partnership between two people, different types of mentoring processes have evolved to adapt to the context and circumstance of the mentor and mentee (SoQ (QH), 2019b).



Refer to:

[Succession Management and Mentoring Resource and Toolkit Nurses and Midwives](#) (SoQ (QH), 2019b) for additional clarification regarding non-traditional mentoring partnerships.

Irrespective of chosen model of mentorship, the characteristics of mentoring relationships include the ratio of power, mutual respect, support, skills in communications and ability to negotiate and conduct difficult conversations and work together to foster learning and achieve the self-direction, self-observation and self-motivation. Furthermore, elements of counselling, coaching and team building also comprise mentoring (Brewer, 2016; Ehrich, 2013; SoQ (QH), 2019b). As such, training in team development is essential for effective mentoring as it generates a variety of views and fosters mutual trust and transparency amongst team members and leaders (Dirks, 2021; Ehrich, 2013; SSSC, 2014; SoQ (QH), 2019b). A good fit between mentor and mentee is recognised as being a critical factor in the success of the mentor/mentee relationship and the mentorship program overall (Dirks, 2021; SoQ (QH), 2019b).

Mentoring not only benefits the mentee, but the mentor and the HHS as well (SoQ (QH), 2019b). Supporting the mentee helps the mentor reflect and explore their own learning and development by cultivating inter-personal skills, leadership qualities and empathy. Moreover, supporting a colleague as their mentor requires one to

question assumptions, develop new perspectives, and gain new knowledge and insights about oneself, the profession and organisation (Brewer, 2016; Ehrich, 2013; SSSC, 2014; SoQ (QH), 2019b).

From an organisational perspective, a well-supported and successful mentorship program

can assist in developing potential in emerging and current leaders, supporting job satisfaction and productivity due to enhanced motivation and improves service delivery by supporting staff to be more prepared, informed and competent (SoQ (QH), 2019b & 2023a).

Standards for Mentoring

Mentoring is established, maintained and supported according to HHS/facility processes to promote capacity building, and nursing and midwifery career development (Brewer, 2016; Ehrich, 2013; SSSC, 2014; SoQ (QH), 2019b & 2023b).



Please refer to the *Succession Management Mentoring Manual & Toolkit for Nurses & Midwives* (SoQ (QH), 2019b) and relevant specific HHS/facility mentoring processes including context specific and teaching and learning resources when implementing, supporting, and maintaining mentoring, standards, and mentoring training (e.g., Association of Queensland Nursing and Midwifery Leaders (AQNML) Mentoring Framework and Toolkit) (AQNML, 2013; SoQ (QH), 2019b & 2023a).

Standards for Mentoring

- Nursing and midwifery governance sponsors mentoring for nurse and/or midwives via the application of pre-determined processes, frameworks, and other resources (SoQ (QH), 2019b & 2023a).
- Nursing and midwifery governance determine a system and processes for matching mentors and mentees as per specific HHS/facility requirements. (Brewer, 2016; Groves, 2007; Heartfield, Gibson, Chestman & Tagg, 2005; SSSC, 2014; SoQ (QH), 2019b).
- Nursing and midwifery colleagues undertaking a mentor role are provided training opportunities.
- The development and tracking of a pool of suitably trained and prepared mentors occurs as per endorsed HHS/facility processes (Brewer, 2016; SSSC, 2014; SoQ (QH), 2019b).
- The mentoring relationship is founded on intentional learning whereby the mentor assists through instructing, coaching, providing experiences, modelling and advising (Brewer, 2016; Ehrich, 2013; SSSC, 2014; SoQ (QH), 2019b).
- Directors of Nursing and/or Midwifery, Nursing/Midwifery Directors and other Line Managers and Nurse and Midwifery Educators promote mentorship and facilitate opportunities for the mentor and mentee to participate in the mentoring relationship and discussions (Brewer, 2016; Ehrich, 2013; SSSC, 2014; SoQ (QH), 2019b).
- Mentors provide feedback to the mentee regarding changes in behaviour, attributes and performance. (Brewer, 2016; Ehrich, 2013; SSSC, 2014; SoQ (QH), 2019b).
- Line managers acknowledge mentor relationships (if known) and discuss changes in performance, behaviour and attributes with the staff member (as relevant) and document progress in PDP (Brewer, 2016; Ehrich, 2013; QH, 2021b; SSSC, 2014; SoQ (QH), 2019b).
- Mentor training, support, development and feedback processes are evaluated and modified to improve return on expectations (SoQ (QH), 2019b).

Mentoring can contribute to the engagement, motivation, morale, well-being, career mobility, and leadership capacity of mentors and mentees, and positively impact on organisational outcomes (Brewer, 2016; SSSC, 2014; SoQ (QH), 2019b). It can also contribute as an effective strategy for enriching succession management and a pipeline for career and talent development. Mentors paired with individuals being succession managed should complement succession planning goals and facilitate capacity by aligning the tenets of mentorship and succession management to achieve desired outcomes. Additionally, through effective mentorship and succession management experienced employee expertise will not be lost once they retire or leave the organisation but be retained through being shared by those who are poised to take their place (Ehrich, 2013; SSSC, 2014; SoQ (QH), 2019b).

12.6 Succession Management

Succession management is a component of workforce planning which aligns strategies to facilitate continued effective performance of an individual or group (Deloitte, 2016; Higginbottom, 2014; Rothwell, 2010, SoQ (QH), 2019b). The implicit aim of applying succession management processes is to develop a sustainable nursing and midwifery workforce that possesses the requisite knowledge and skills to be able to undertake desirable and critical roles when vacancies arise or when models of care change (Chan, 2022; SoQ (QH), 2019b).

The Succession Management Model ([Figure 8](#)) is a diagrammatic representation of the phases of succession management. As depicted in the model, strategic, operational plans, and the Award should be used to support succession management strategies and processes. The model has been provided as a broad example of the succession management pathway and should be adapted to align with current HHS/organisational processes following consideration of context and resource availability. Moreover, the processes contained within the model should

be contextualised to a nurse/midwife's individual career development trajectory.



Refer to:

[Succession Management and Mentoring Resource and Toolkit Nurses and Midwives](#) (SoQ (QH), 2019b) and relevant specific HHS/facility succession management processes including context specific teaching and learning resources when implementing, supporting, and maintaining succession management standards (e.g., Association of Queensland Nursing and Midwifery Leaders (AQNML) Mentoring Framework and Toolkit) (AQNML, 2013; SoQ (QH), 2019b & 2023a).

Succession management is fundamentally important in maintaining efficient operation and sustainability of an organisation. It underpins talent management and succession planning by identifying and defining the competencies and capabilities required for an organisation to effectively function (SoQ (QH), 2019b).

As a workforce planning strategy effective succession management will ensure that there is a pipeline and pool of qualified, capable and competent nursing and midwifery talent available to fill clinical, education, leadership system support and research vacancies as they occur to ensure minimum disruption to services and business practices (Bersin by Deloitte, 2014; CPS HR Consulting, 2017; Innovation & Growth, 2012; SoQ (QH), 2019b; Underhill, 2017). Establishing effective succession management processes is particularly important to the professions of nursing and midwifery given the age and mobility of the workforce.

The Department of Health and Aged Care (Australian Government (Department of Health and Aged Care [DHAG]), 2022) identified that in 2021 more than 13% of Australian nurses and midwives were aged 60 years or older and were therefore of an age where retirement from the workforce is imminent. This demographic coupled with the long-term impact of COVID-19 reinforces the necessity of professions and

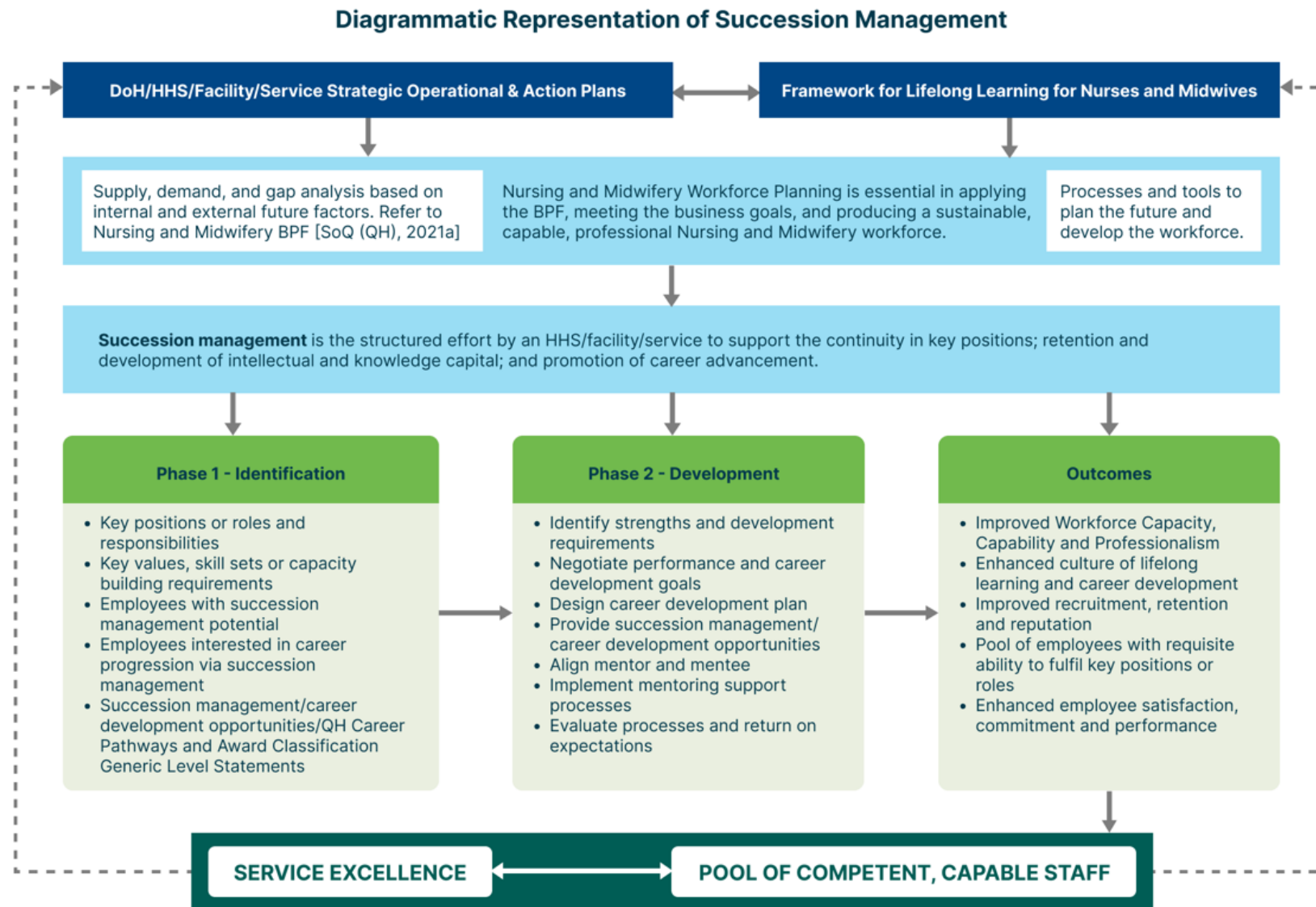
organisations to maintain and futureproof workforce and talent (Chan, Bitton, Allgeyer, Elliot, Hudson & Moulton Burwell, 2021).

Additionally, succession management encourages individual career development and advancement with a focus on availability, and sustainability of a supply of a talent pool of nurses and midwives with the skills, knowledge and attributes to become competent clinicians, managers, educators, researchers and leaders (CPS HR Consulting, 2017; Higginbottom, 2014; Innovation & Growth, 2012; Rothwell, 2010; SoQ (QH), 2019b; Underhill, 2017). To further support individual development and succession management it is recommended that nurses and midwives refer to the relevant classification generic level statement within the Award (QIRC, 2022a) and relevant Queensland Health Career Pathways (SoQ (QH), 2023b).

Talent management, the process of identifying, strengthening, and supporting emerging and

current nursing and midwifery leaders who possess desirable skills, knowledge and abilities, by preparing them for inevitable vacant leadership roles provides a mechanism to address current and future workforce requirements (Chan, 2022; Phillips, 2021). To be effective talent management and workforce planning must align with the strategic direction of the HHS (Chan, 2022; Nowak & Scanlan, 2021; SoQ (QH), 2019b). Organisations with sophisticated processes (e.g., Succession Management Framework/Plans and Talent Management Strategies) for identifying successor candidates to fill key leadership or other crucial roles in an organisation realise significant improvement in employee engagement and career development and retention gains (Bersin by Deloitte, 2014; Chan, 2022; CPS HR Consulting, 2017; Higginbottom, 2014; Nowak & Scanlan, 2021; SoQ (QH), 2019b).

Figure 8: Diagrammatic Representation of Succession Management



Adapted from Innovation & Growth (2012).

Standards for Succession Management

Succession Management strategies are utilised to foster the career development of individual nurses and midwives, attain and maintain a sustainable workforce, and assist in achieving organisational goals (CPS HR Consulting, 2017; Higginbottom, 2014; Martin & O'Shea, 2021; Nowak & Scanlan, 2021; SoQ (QH), 2019b; Underhill, 2017).

Succession management is established, maintained and supported as per HHS/facility processes to promote capacity building, nursing and midwifery career development, and to establish a talent pool of nurses and midwives who are prepared to fill leadership roles (Nowak & Scanlan, 2021; SoQ (QH), 2019b).



Please refer to *Succession Management and Mentoring Manual & Toolkit for Nurses & Midwives* (SoQ (QH), 2019b) and the relevant specific HHS/facility succession management processes and teaching and learning resources when implementing, supporting and maintaining succession management standards.

Standards for Succession Management

- The recognition, development, and support of talented and knowledgeable healthcare leaders is vital for organisations to optimise patient experience and improve outcomes (Martin & O'Shea, 2021).
- Nursing and midwifery governance apply succession management principles in striving for a pool of talented staff who can add value to a diverse, professional and capable workforce (Deloitte, 2016; Higginbottom, 2014; Martin & O'Shea, 2021; Nowak & Scanlan, 2021; SoQ (QH), 2019b; Underhill, 2017).
- Succession management is applied appropriately as an essential strategy for future organisational success, capacity building, retention, recruitment, and career development (CPS HR Consulting, 2017; Higginbottom, 2014; Martin & O'Shea, 2021; Rothwell, 2010; SoQ (QH), 2019b; Underhill, 2017).
- HHS/facilities demonstrate commitment to developing, assigning and promoting nurses and midwives via both internal and external career development opportunities and talent pool recognition (Deloitte, 2016; Nowak & Scanlan, 2021; SoQ (QH), 2019b; Underhill, 2017).
- Line Managers are responsible for open and honest discussions with employees about development needs, succession management and potential career opportunities and possible barriers to achievement of succession management and career development goals (Nowak & Scanlan, 2021; SoQ (QH), 2019b; Underhill, 2017).
- Succession management is an integral part of the HHS/facility's business strategy and is linked to an employee's PDP (Ali, Mahmood & Mehreen, 2019; CPS HR Consulting, 2017; Deloitte, 2016; SoQ (QH), 2019b).
- Employees are encouraged to participate in self-assessment of skills, values, interests and development needs to inform (as relevant) succession management and career progressions plans (CPS HR Consulting, 2017; Nowak & Scanlan, 2021; SoQ (QH), 2019b & 2023a).

To achieve effective supporting relationships, it is important that underpinning support systems such as (however not limited to) PDP, Supported Practice, Advanced Standing/Recognition of Prior Learning (RPL) and Assessor Preparation are in place.

13. Underpinning Support Systems

In addition to the supporting relationships and aligned resources within Section 12 an overarching approach to achieving positive performance management using a variety of other support systems are provided in this section. The intention of including these underpinning support systems is to promote achievement of the principles of positive performance management (PPM) as they apply to nursing and midwifery (Queensland Government [QG], 2020c).

Positive performance management is a proactive organisational approach which supports taking prompt and appropriate action and decision-making compatible with human rights, to build a future focussed, high performing workforce that has the capacity and capability to deliver effective services (QG, 2020c).

When applied across an organisation positive performance management promotes: staff engagement and opportunities to develop and measure performance outcomes; recognition of previous experiences; and provides a mechanism for evaluating and reporting actions, programs and key performance indicators (QG, 2020c).

To reinforce requirements for applying PPM principles the Public Service Commission has released a Directive – [Positive performance management Directive:15/20](#) and [associated resources](#) which applies to all public service employees except chief executives, senior executives and senior executive equivalents (Queensland Government, 2020c).



Refer to:

[Positive performance management Directive:15/20](#) (QG, 2020c). The principles within the PPM directive outline the expectations for organisations to incorporate into practice including performance and development processes (QG, 2020c).

To support the principles of [Positive performance management Directive:15/20](#) and to reinforce the need to nurture and value both the professions and individual contributions, a *Supported Practice Framework for Nurses and Midwives* has been developed for application (State of Queensland [SoQ] (Queensland Health [QH]), 2023d). The elements of the *Supported Practice Framework for Nurses and Midwives* should be applied in all aspects of supporting colleagues including undertaking performance and development (SoQ (QH), 2023d).



Refer to:

[Supported Practice Framework for Nurses and Midwives](#) (SoQ (QH), 2023d)

This framework comprises four (4) elements which identify considerations and strategies that line managers, nurses and midwives can use to support:

- lifelong learning opportunities and professional growth and performance
- collaborative cyclic performance development tailored to individual needs and performance expectations
- a culture that engenders trust, respect, dignity, and wellbeing through application of legislation, standards, policies and codes
- pathways to address unresolved performance issues

(Refer to [Section 13.2: Supported Practice](#)).

13.1 Performance and Development

Performance and development, which applies to all employees is an essential process to assist an individual to focus, evaluate and prioritise clinical, professional, and organisational goals and activities (Queensland Nurses and Midwives Union of Employees [QNMU], 2020; QG, 2020c; QH, 2021b; Scivicque, 2021). Engaging in this

process provides a valuable opportunity for nurses and midwives and respective line managers (or delegate) to discuss mutual responsibilities and plan the individual's ongoing development, current goals, expected outcomes, future career aspirations, and succession management opportunities (Liverpool John Moores University [LJMU], 2015; Massey University, 2017; QG, 2020c; QH, 2018c & 2021b). (Refer to [Section 12: Supporting Relationships to Build Capacity](#)).



Refer to:

[Positive Practice Environment Standards for Nursing and Midwifery](#) (QNMU, 2020)

Performance and development is an ongoing process that promotes participation in regular and constructive conversations addressing goal setting, development planning, feedback, succession management, performance reviews, engagement, and recognition of individual contribution (LJMU, 2015; Massey University, 2017; QG, 2020c; QH, 2018c & 2021b).

Additionally, this process: fosters individual and team collaboration; provides the opportunity to review work practices and enhance organisational performance; and promotes a culture of high-quality performance where acceptance and responsibility are commensurate with an individual's role (Memon, Salleh, Mirza, Cheah, Ting, Ahmad, & Tariq, 2021; QG, 2020c; QH, 2018c & 2021b; SuccessFactors, 2018). As such, this process enables each individual to appreciate work standards, values, acceptable behaviours, return on expectations, and engage more readily with a higher degree of satisfaction (LJMU, 2015; Massey University, 2017; Memon et al., 2021; QH, 2018c & 2021b).

Performance and development is a continuous process supported by a performance and development plan that is undertaken as a twelve-month cycle where all components are of equal value (as represented in [Figure 9](#)). Application of the concepts of outer circle (application of positive performance management strategies, support, feedback) are integral in promoting PPM via effective communication, providing useful

feedback about job performance, facilitating better working relationships and contributing to professional development throughout the process of the three identified stages (QG, 2020c; QH, 2018c & 2021b; QNMU, 2020).

In applying the principles PPM and the tenets of supported practice the line manager (or delegate) is accountable for proactively encouraging and supporting the personal and professional development of individuals within their role remit (QG, 2020c; QH, 2021b; SoQ (QH), 2023d). This includes meeting with, and providing relevant resources including the role description, career pathway, orientation to role package, and development map to a nurse or midwife on commencement of employment, and thereafter reviewing development and achievements and encouraging engagement in professional and scholarly pursuits and lifelong learning annually at each new performance and development plan (PDP) cycle (Massey University, 2017; QG, 2020c; QH, 2021a & 2021b; SoQ (QH), 2018a, 2023a, 2023b & 2023d).

The content of the annual PDP Agreement should reflect clear timelines, performance objectives intended to reflect workplace priorities, team and organisational plans as well as a focus on continued improvement including continuing professional development (CPD), personal and career progression (QG, 2020c; QH, 2021b).



Refer to:

[Positive performance management Directive:15/20](#) (QG, 2020c)

[Human Resource Policy G9: Performance and Development](#) (QH, 2021b)

[Human Resource Policy G11: Performance Improvement](#) (QH, 2021a)

Nursing and midwifery PDP Agreements should be based on the individual's role description, Award classification, generic level statements, values, professional standards/competency expectations, supported practice needs and career development and succession management requirements (International Council

of Nurses [ICN], 2021a; International Confederation of Midwives [ICM], 2014; Massey University, 2017; Nursing and Midwifery Board of Australia (NMBA), 2016c, 2016d, 2018b, 2018c, 2018d, 2018e & 2021a; QH, 2021b; Queensland Industrial Relations Commission [QIRC], 2022a; SoQ (QH), 2023a, 2023b & 2023d). (Refer to [Section 12: Supporting Relationships to Build Capacity](#)).

Refer to:

[Positive performance management Directive:15/20](#) (QG, 2020c)

[Supported Practice Framework for Nurses and Midwives](#) (SoQ (QH), 2023d)

Figure 9: Performance and Development Cycle



Adapted from Queensland Health, 2018c, 2018d & 2021b

With a focus on PPM and supported practice, the intent is to recognise capacity built, performance that meets or exceeds expectations, and the

strengths and value of employee contributions (QH, 2021b; QNMU, 2020). Performance that does not meet expectations is addressed at the earliest possible stage and the nurse or midwife is supported using the PDP Agreement and processes to assist the nurse or midwife gain confidence and engage in supported practice activities to achieve role expectations within agreed timelines (QG, 2020c; QH, 2021a & 2021b).

The principles of human rights, natural justice, and procedural fairness are adhered to across the spectrum of PPM processes including the decision to initiate a process to supportively manage unacceptable work performance. Additionally, the supportive systems and processes outlined in [Section 12](#) (*Supporting Relationships to Build Capacity*) also apply to every nurse or midwife as relevant to their situation and role (QH, 2018c & 2021b; SoQ (QH), 2019b & 2023a; SuccessFactors, 2018).

The role of the Nurse or Midwifery Educator in PPM, Performance Development and Supported Practice application is to provide support for line managers and others by motivating, coaching and planning and delivering CPD for individuals and teams, and offering support for staff to enact performance and development principles to achieve role and professional expectations (QG, 2020c; QH, 2021a & 2021b; SoQ (QH), 2018a, 2023a & 2023d, SuccessFactors, 2018). Line managers and Nurse and Midwifery Educators working collaboratively assist with: evaluation of employee work behaviour; building on employee strengths, and identifying areas for improvement; fostering a positive culture and lifelong learning (QG, 2020c; QH, 2021a & 2021b; Sydney Local Health District [SLHD], 2017).

Standards for PDP

All nurses and midwives actively participate in annual performance and development planning and six (6) month mid cycle review (QG, 2020c; QH, 2018c & 2021b).

Standards for PDP

- Role descriptions that provide nurses and midwives with defined explanations of classification, autonomy and expectations, values, work responsibilities, knowledge, skills, professional standards/competencies and aligned standards of performance are used to support PDP processes (LJMU, 2015; Massey University, 2017; QH, 2018c & 2021b).
- The PDP process is used to establish and clarify expectations and encourage continuing professional development (CPD), career planning, and succession management of nurses and midwives (LJMU, 2015; Massey University, 2017; QH, 2018c & 2021b).
- HHS, facility/directorate/service PDP processes are contextualised and applied to foster nursing and midwifery performance outcomes.
- Appropriate application of the PDP process is undertaken as a mechanism that assists nurses and midwives to receive, act on feedback, and further develop capabilities (QH, 2018c & 2021b; SuccessFactors, 2018).
- Regular PDP two-way conversations and a review of plans are used to resolve issues and provide timely feedback to minimise the need to escalate to performance improvement processes (QH, 2018c, 2021a & 2021b; SuccessFactors, 2018).
- Informal but regular discussions throughout the year are used to enhance both parties ongoing commitment to objectives and rate of progress being achieved. Regular discussions are used for planning modification and identification of issues of difference or concern by either party at any stage of the annual cycle (QH, 2018c, 2021a & 2021b; SuccessFactors, 2018).
- Each nurse or midwife or assistant in nursing (AIN) is accountable for their standard of practice and is expected to take an active role in PDP (QH, 2018c, 2021a & 2021b).
- Each line manager maintains a documented record of observations, outcomes of discussions and any other evidence to support positive feedback, assessment, addressing of concerns, and ongoing development of the nurse or midwife (QH, 2018c, 2021a & 2021b; SLHD, 2017).
- Line managers use the PDP process as one means of encouraging reflective practice, celebrating performance achievements, and supporting a culture of value, appreciation and lifelong learning (QH, 2018c, 2021a & 2021b; SuccessFactors, 2018).

As identifies throughout PPM and the application of supported practice tenets are essential to the achievement of a positive culture and wellbeing, collaboration and professional growth (SoQ (QH), 2023d). In addition to the development of a supported practice framework an overview of these concept is provided in the next section.

13.2 Supported Practice

The *Supported Practice Framework for Nurses and Midwives* (SPF) (SoQ (QH), 2023d) applicable to all nursing and midwifery

classifications, offers an integrated and planned approach to providing opportunities to support nurses and midwives demonstrate the principles of PPM and lifelong learning from a professional practice perspective, to achieve legislative, regulatory, and industrial expectations (QNMU, 2020; QG, 2020c; SoQ (QH), 2018a, 2023a & 2023d).

The strategies and process comprising the SPF complement most of the sections of the *Framework for Lifelong Learning for Nurses and Midwives* (2018) and as such, it is recommended the frameworks are used in conjunction.

The intent of the *Supported Practice Framework for Nurses and Midwives* (SoQ (QH), 2023d) is to provide guidance to nurses and midwives for the extent of their career that will foster professional growth and nurture a positive workforce culture to enhance capacity and capability. The *Supported Practice Framework for Nurses and Midwives* is based on the principles and standards of the professions and behavioural expectations that can be applied across all practice settings.

To further support practice and effective engagement within the workplace the QNMU in consultation with key stakeholders has developed *Positive Practice Environment Standards for Nurses and Midwives* which have been endorsed for statewide application (QNMU, 2020). These standards describe strategies to support excellence and effective work practices that facilitate the health, safety and personal wellbeing of nurses and midwives, and sound work expectations. Furthermore, they recognise the dependent relationship between each nurse and midwife and the work environment including clinical outcomes, safety, improved motivation and performance, and collaborative clinical relationships (QNMU, 2020).



Refer to:

[Positive Practice Environment Standards for Nursing and Midwifery](#) (QNMU, 2020)

Underpinning the principles of supported practice are requisite clinical, organisational and professional requirements and a focus on lifelong learning, improvement, and strategies to optimise wellbeing and performance. (Refer to [Section 9: Clinical, Professional and Organisational Learning](#)).

The SPF is predicated on four (4) elements comprising:

1. A supported practice culture fosters lifelong learning, professional growth and performance.
2. A supported practice culture implements collaborative cyclic performance and development planning.

3. A supported practice culture engenders trust, respect and dignity, through the rigorous application of relevant policies, codes and legislation.
4. A supported practice culture provides structured guidance and pathways to address unsatisfactory performance through positive actions.

(SoQ (QH), 2023d).

Application of these elements is intended to assist nurses and midwives demonstrate positive performance management strategies and behaviours within their professional context.

Given the nature of the *SPF* (2023d), like the *Framework for Lifelong Learning for Nurses and Midwives (version 2) (2023)*, it should be used regularly as a resource to assist with the interpretation and application of supported practice in performance development situations in conjunction with Human Resource Management processes and policies and hospital and health service (HHS) PDP resources (QH, 2021a & 2021b). Additionally, the SPF provides a clear direction for decision making and application of support systems for use when unresolved performance issues arise (QH, 2021a & 2021b; SoQ (QH), 2023d).

Effective use of the SPF will build confidence and competence, support practice improvement, foster CPD and the tenets of lifelong learning in the realisation of a sustainable professional and capable nursing and midwifery workforce (QH, 2021a; SoQ (QH), 2023d).



Refer to:

[Supported Practice Framework for Nurses and Midwives](#) (SoQ (QH), 2023d)

13.3 Research

A further approach to developing knowledge and supporting nurses and midwives is participation in research (Garey, 2022; Lal, 2021). In recognition of the importance of research to the

professions of nursing and midwifery, and as an Award domain requirement (QIRC, 2022a), a *Nursing and Midwifery Research Framework* (Research Framework) has been developed to promote building capacity, capability, and achieving excellence in research by embedding research translation into culture policy and practice (SoQ (QH), 2020b).



Refer to:

[Nursing and Midwifery Research Framework](#) (SoQ (QH), 2020b) and associated resources which include:

[Nursing and Midwifery Supplemental Research Toolkit and Resources](#) (SoQ (QH), 2020c)

[Nursing and Midwifery Research Framework – Queensland Health: Overview](#) (SoQ (QH), 2020d)

[Nursing and Midwifery Supplemental Research Toolkit and Resources – Queensland Health: Research Process – Quick reference and resource guide](#) (SoQ (QH), 2020e)

These resources should be used to assist nurses and midwives when undertaking research.

The QH Research Framework (SoQ (QH), 2020b) provides a resource for nurses and midwives which clearly articulates the necessity for nursing and midwifery research to encourage research engagement, utilisation and sustainability across all settings, and roles (QIRC, 2022a; SoQ (QH), 2020b).

It is recommended that the *Nursing and Midwifery Research Framework* which aligns to the *Framework for Lifelong Learning for Nurses and Midwives*, and associated resources are used to support opportunities for enhancing knowledge, developing skills, research prowess, and obtaining academic qualifications throughout an individual's working life (SoQ (QH) 2018a & 2020b).

13.4 Recognition of Prior Learning (RPL)/Advanced Standing

Recognition of Prior Learning (RPL) is a method for recognising that a nurse or midwife has gained requisite skills, experience and knowledge through work, education or interactions that can be used for entry requirements into a course or program of learning (Australian Government, 2015 & n.d.; Australian Qualification Framework Council [AQFC], 2013; Queensland Government; 2022c; Queensland University of Technology [QUT], 2022; SoQ (QH), 2021d & 2021e). This process involves assessment of an individual's previous relevant learning (informal, formal, and non-formal) to determine if learning has already occurred to minimise repetition of learning (Australian Government, 2015 & n.d.; SoQ (QH), 2021d & 2021e). To assist in promoting statewide consistency and equity in respect to how nurses and midwives can apply for RPL or assess an application within Queensland Health, two resources have been developed. These comprise:

- [RPL Assessor Guide](#)
This guide offers a standardised approach that promotes an equitable, confidential, fair, and transparent approach to reviewing and granting RPL (AQFC, 2013; Bohlinger, 2017; QUT, 2022; SoQ (QH), 2021d).
- [RPL Application Resource Package](#)
This package has been developed to support employees (permanent, temporary, and casual) who wish to apply for RPL (AQFC, 2013; SoQ (QH), 2021e).

The *RPL Assessor Guide* and the *RPL Application Resource Package* support a benchmark approach to how RPL is applied for and conferred. These resources align with the tenets of lifelong learning and contribute to reduction of the need for duplication of effort. Moreover, offering access to RPL via a consistent approach encourages an individual to seek diverse and inclusive pathways to lifelong

learning, formal qualifications and can improve employment outcomes (Australian College of Nursing [ACN], 2017; Australian Government, n.d.; AQFC, 2013; Bohlinger, 2017; Day, 2017; Federation University, 2021; Osborne & Serich, 2020; QUT, 2022; SoQ (QH) 2021d & 2021e).



Refer to:

[Recognition of Prior Learning Assessor Guide](#) (SoQ (QH), 2021d)

[Recognition of Prior Learning Application Resource Package](#) (SoQ (QH), 2021e).

These resources should be used to assist nurses and midwives when applying for or assessing suitability for recognition of prior learning.

13.4.1 RPL Applications


Any nurse or midwife can apply for consideration of *Advanced Standing* which is the recognition of prior learning (RPL) in terms of experience and/or studies (e.g., formal study, partial and professional experience) (SoQ (QH), 2021d & 2021e). An RPL application for organisational requirements (e.g., Preceptor training, Advanced Life Support) must align to HHS/facility endorsed processes. Ability to grant RPL for CPD is based on evidence provided of prior, and relevant successful completion of the core tenets of a specific program (Refer to the [RPL Application Resource Package](#), *Application Considerations*, page 6 and *Appendix 3: Application Form*, page 15).

When an RPL application is made, the applicant's prior learning is assessed and determined in respect to eligibility to be awarded *Advanced Standing* in either a CPD program or higher education sector (HES) course in which they are enrolling or are currently studying in recognition of previous achievements (SoQ (QH), 2021d & 2021e). This means that once RPL/Advanced Standing (Credit) is given, there is no longer the requirement to complete the CPD and/or to study the units of learning of a course (QUT, 2021, 2022 & n.d.). HES providers may also refer to

Advanced Standing as RPL, Credit Transfer (QUT, 2021, 2022 & n.d.) or Partial Credit.

Advanced Standing may be granted for a specified unit or units where prior learning is regarded as having satisfied both the objectives and the assessment requirements of the unit. Recognition of prior learning may have been gained through previous study which has already been assessed by an educational establishment (e.g., University or TAFE) (QUT, 2021, 2022 & n.d.; SoQ (QH), 2021d & 2021e).

Additionally, *Advanced Standing* may be granted through recognising credit points rather than a specific unit, where evidence is consistent with the broad outcomes of a subject/unit or course/program. This form of prior learning may have been gained through work-based and/or life experience, self-tuition, non-accredited professional development programs, TAFE or university programs (Australian Government, 2019; QUT, 2021, 2022 & n.d.).

Nurses and midwives who successfully complete a TSP , and/or an Immersion (e.g., SwIM), or Accelerated Specialisation Program may elect to apply for credit/advanced standing for a postgraduate course of study or part thereof as a result of individual learnings or credit arrangements (QUT, 2021; SoQ (QH), 2019c). These arrangements may be negotiated by nursing and midwifery services and/or as per HHS/facility processes with a number of the HES providers.



Please be aware that application requirements vary and that the nurse or midwife should be referred to the HES provider's specific requirements for the intended program/course of study.

13.4.2 RPL Application – External to Queensland Health

While the term RPL is predominantly used, it and other terms such as Advanced Standing (AS) (a form of credit for any previous learning) and Credit may be used synonymously by the HES in respect to the recognition of equivalence in


content and learning outcomes between different types of learning and/or qualifications (AQFC, 2013).

If applying for RPL with a HES provider, the nurse or midwife is recommended to review the relevant website and/or contact the provider to determine requisite requirements including length of time since successfully completing a program of learning. HES RPL assessment processes are dependent on the course AQF level, testamur, or award type (e.g., Graduate Certificate, Masters), learning outcomes, equivalent content, and the volume of learning.



No more than 50% of a course can be given credit based on RPL. Applicants must complete at least 50% of their course at the conferring organisation (QUT, n.d.).

Accordingly, applications for RPL towards a HES course must be lodged with the respective university. While the process differs between universities, each must abide by the AQFC policy to provide a transparent and accessible process where every applicant is considered equitably (AQFC, 2013).

Nurses and midwives who successfully complete a TSP , and/or an Immersion (e.g., SwIM), or Accelerated Specialisation Program may elect to apply for credit/advanced standing for a postgraduate course of study or part thereof as a result of individual learnings or credit arrangements. These arrangements may be

negotiated by HHS nursing and midwifery with HES providers. Program participants are usually advised of the nature of the credit/RPL prior to commencing the program. ([Refer to Section 10.2: Transition Process](#); Subsection 10.2.1: Transition Support, Immersion (e.g., SwIM) or Accelerated Specialisation Programs).



Please be aware that application requirements vary between HESs and that the nurse or midwife must refer to the HES provider's specific requirements for the intended program/course of study and will be required to lodge an application and provide RPL evidence for the program of learning.

13.4.3 RPL Application – Queensland Health

When applying for consideration of RPL within Queensland Health please refer to the [RPL Application Resource Package](#) (SoQ (QH), 2021e), complete the form (Appendix 3: page 15), provide evidence (as per examples Appendix 4: page 18) and submit (as per identified process Appendix 2: page 14) to the nominated RPL assessor (e.g., Nurse or Midwifery Educator or Nursing and Midwifery Director – Education).

Granting of RPL is not unique or restricted to a particular work setting organisation or education provider. Nursing and midwifery colleagues should be encouraged to explore options and submit an application to reduce the need to repeat learning (SoQ (QH), 2021d & 2021e).

Standards for RPL Application

- Eligibility and decision to apply for RPL is based on, but not limited to, the capacity of an applicant to provide a sufficient range of evidence. (Refer to page 6 of [RPL Application Resource Package](#) (SoQ (QH), 2021e).
- Documentation submitted with an RPL application is required to be certified (refer to page 7 of [RPL Application Resource Package](#) (SoQ (QH), 2021e).
- A challenge test may be undertaken if the applicant asserts that they are able to apply skills/knowledge/performance criteria for program or course. It is more usual for a challenge test to relate to clinical activities. (Refer to relevant Nurse or Midwifery Educator).

13.4.4 RPL Assessor Considerations – Queensland Health

The RPL Assessor Guide outlines the intent and processes related to RPL and how it differs from assessment undertaken following training/education. This guide is used by a nominated RPL assessor when they are engaging in assessing RPL applications (SoQ (QH), 2021d). The guide assists the RPL assessor to maintain an objective, systematic approach to undertaking the assessment while adhering to assessment criteria and determining a decision; provide advice to applicants and consider the process for appeals and grievances (AQFC, 2013; SoQ (QH), 2021d). (Refer to the [RPL Assessor Guide](#)).

An RPL assessor must undertake assessment decisions using RPL assessment criteria (SoQ (QH), 2021d). The Assessor should also assist in providing advice regarding career direction and HES postgraduate program choices (SoQ (QH), 2021d).

The assessor must advise of the variability between university requirements and refer the nurse or midwife to review the HES website and/or contact the university for clarification.

An RPL assessor must also be aware of existing formal arrangements (articulation agreements) in place between an HES provider and Queensland Health. An example may be a Transition Support Programs (TSP) or a Graduate Certificate provided in partnership between a facility and the HES. In these situations, the HES has undertaken a full review of the industry program and has previously assessed this learning in accordance with AQF, Tertiary Education Quality and Standards Agency (TEQSA) (Australian Government, 2019) and the HES Standards Framework. In certain circumstances the applicant can gain admission to a specific university course without the need for an RPL application (Central Queensland University [CQU], 2023; QUT, 2021; AQFC, 2013). However, they must undertake the usual HES application processes.

Standards for RPL Assessor

- Each HHS/facility should identify the number of RPL assessors commensurate with demand of RPL applications.
- Assessors must have requisite knowledge and skills to meet the criteria in the RPL Assessor Guide (page 7). This role may be fulfilled by a Nursing and Midwifery Director - Education or Nurse or Midwifery Educator with appropriate preparation.
- In situations where an HHS is unable to nominate suitable RPL Assessors, another senior nurse or midwife who has an education portfolio in another HHS may offer assistance.
- An RPL assessor must have knowledge of: AQF level criteria and qualifications descriptors, subject, content, or relevant skills area and previous experience in RPL assessment, or gain experience by shadowing another RPL assessor, or working with another colleague to determine way forward (AQFC, 2013; SoQ (QH), 2021d & 2021e).
- The Assessor must be able to provide advice to the applicant in relation to the nature and evidence required to substantiate their application.
- The Assessor must be able to exercise judgement in decision-making based on evidence and experience.
- The Assessor must be able to provide feedback to the application regarding the outcome of the application and document outcome.

Refer to Assessor role (page 8) [Recognition of Prior Learning Assessor Guide](#) (SoQ (QH), 2021d).

13.4.5 RPL Appeals and Grievances – Queensland Health

Within QH appeals and grievance procedures are based on the principles of natural justice and should progress with confidentiality and discretion (QG, 2020c; QH, 2021d).

In the situation that an applicant is dissatisfied with the health service/facility RPL Assessor's decision the applicant may lodge an appeal.

For further information regarding lodging an appeal the applicant should be referred to:

- RPL Application Resource Package (page 9) (SoQ (QH), 2021e)
- QH Human Resources Policy – E12: Individual employee grievances (QH, 2021d)
- HHS Nursing and Midwifery Director – Education or RPL Assessor delegate

Although the RPL assessment process is flexible, it is as sound and rigorous as any other form of standard assessment process in recognising the same knowledge and skills that individuals have gained through their experiences incorporating formal and informal learning (SoQ (QH), 2021d).

13.5 Assessor Preparation

Nurses and midwives who fulfil an assessor role have a responsibility to the public and the profession to undertake valid and reliable assessments of nurses and midwives (NMBA, 2015).

The purpose of any form of assessment is to gather relevant data about performance or progress to determine the nurse or midwife has the ability to perform the role and activities for which they have been employed, i.e., to determine 'competence' (SoQ (QH), 2021d).

The ability to assess the competency of another is not a skill that a nurse or midwife intuitively possess – it is an acquired skill that needs to be learned and practiced (SoQ (QH), 2021d; Strudwick, 2017).

The [Assessor Preparation Resource](#) (SoQ (QH), 2021d) has been developed to assist in

promoting statewide consistency in the preparation of nurses and midwives who are undertaking the role of Assessor within the workplace and if working with higher education sector partners.

To support effective nursing and midwifery assessment of practice, the NMBA *Framework for assessing standards for practice for registered nurses, enrolled nurses and midwives* (2015) states that the following five (5) key principles are applied:

- Principle of accountability
- Principle of performance-based assessment
- Principle of evidence-based assessment
- Principle of validity and reliability in assessment
- Principle of participation and collaboration

These principles while intended for use when assessing against the NMBA Standards for Practice, are sound principles that can be applied to all forms of assessment when determining competence.

To determine competence, the assessor is required to make judgements about the nurse's or midwife's achievement against set criteria. This includes:

- Deciding what evidence is relevant
- How to collect and interpret the evidence
- How to present the evidence in a manner that is meaningful for both the assessee and others (Watling & Ginsburg, 2019).

To achieve this, registered nurses and midwives who are fulfilling the role of assessor are required to demonstrate the following qualities and attributes:

- High level of competence and in the skills/behaviours being assessed
- The desire to assist colleagues improve their clinical skills
- Effective interpersonal communication skills that enable them to have a tactful conversation
- Well-developed written skills
- Empathy for the assessee's feelings and what they will go through before, during

- and after the assessment
- Commitment to ensuring the assessee's rights of consent and confidentiality are preserved
 - Understanding of professional standards, codes and guidelines and the ability to apply them to protect the public, support the profession and the nurse, midwife or student being assessed (Ciocco, 2016; SoQ (QH), 2021d; Strudwick, 2017; Ulrich, 2019).

The [Assessor Preparation Resource](#) (SoQ (QH), 2021d) has been developed to assist in promoting statewide consistency in the preparation of registered nurses and midwives who are undertaking the role of assessor. When applied to staff and students within the HHS/facility the principles of

assessment will strengthen learning as well as confirming that learning objectives are met. As such, constructive, relevant feedback to the assessee regarding the assessment and evaluation is an integral part of identify areas and opportunities for further development.



Refer to:

[Assessor Preparation Resource](#) (SoQ (QH), 2021d)

14. Evaluation and Reporting

Investment in training and development is important to build capacity, capability, competitive advantage, and professional reputation (Mlambo, Silén & McGrath, 2021). The significant investment in education and training budgets and the need to demonstrate the value of programs is the fundamental motive for evaluating training programs, and the attempt to capture return on training expectations (Alsalamah & Callinan, 2021; Alsalamah & Callinan, 2022; Orlik, Aleo, Kearns, Briody, Wray, Mahon, Gazic, Rados, Garcia Vivar, Crespo & Fitzgerald, 2022). However, before evaluation of training is undertaken, it is imperative that an appropriate evaluation framework is developed and the evaluation is well designed, as it requires the sizeable commitment of financial resources (Alsalamah & Callinan, 2021; Alsalamah & Callinan, 2022; Fynn, Hardeman, Milton & Jones, 2020; Savul, Ikram, Khan & Khan, 2021). Evaluating the impact and effectiveness of an organisation's training and development investment is complex and is often inadequate given the results are frequently subjective and not easily quantified in respect to return on expectations and investment (Alsalamah & Callinan, 2021). Whilst training should be evaluated to determine whether a program should continue or not, the evaluation process does not need to be overly complicated (Alsalamah & Callinan, 2021).

To indicate the value of education in health care, data captured and reported should highlight perceived, and outcome impacts of education programs and services from a variety of perspectives including, legislative compliance, participants, educators, line managers feedback, standards, cost, and patient care outcomes. As such, consultation needs to occur when gathering and analysing evidence and completing reports. Data reported should align with political, HHS and professional priorities and flow from education plans and self-assessment processes (Gravells, 2021). Therefore, most nursing and midwifery education data will usually be captured and reported by Nurse and Midwifery Educators or

delegates through established Hospital and Health Service (HHS)/facility governance structures. Intrinsically Nurse and Midwifery Educators or delegates fulfil a fundamental role in program, unit, module, and workshop evaluation with the production of timely, relevant, credible, and objective findings and outcomes through evaluation methods and reporting.

14.1 Evaluation

Training evaluation refers to the process of obtaining relevant information on the effects of educational practices and activities and is considered an essential aspect of a training event to be able to reflect, analyse, and improve its effectiveness and efficiency (Neendoor, 2023). Evaluation acts as a definite checkpoint to determine that the training delivered can meet the competency gaps within a HHS/facility in a cost-effective manner (Neendoor, 2023). Benefits of evaluation include (but are not limited to):

- Greater accountability by complying with requirements and no compromise on deliverables/outcomes.
- Feedback mechanism for the educator and overall training process.
- Supports that the training programs contribute to cost-efficiency in the system by effectively improving the training quality and development of staff skills within the required budget (Alsalamah & Callinan, 2021; Neendoor, 2023).

Additionally, evaluation is used by Nurse and Midwifery Educators or delegates as a professional activity that facilitates review and enhancement of learning requirements, opportunities/strategies for training, and interactions (Andriotis, 2019; Kippers, Poortman, Schildkamp & Visscher, 2018; Orlik et al., 2022). Nurse and Midwifery Educators or delegates should question the purpose of training, determine expected outcomes, align the training to needs and provide evidence that desired

outcomes are achieved. This can be supported by implementing effective evaluation techniques/models that demonstrate organisational value of the training. Therefore, evaluation methods should be based on diverse, valid, and reliable data collection, analysis, and relevance of content to best practice care, and patient outcomes (Kippers et al., 2018; Sandford Worral, 2023). Evaluation of training programs is an essential part of the program, measuring whether and to what extent they improve the delivery of high quality, safe person-centred care (Orlik et al., 2022). Prior to commencing any form of evaluation, consideration should be given to what is to be measured, how it is to be measured and the evaluation technique/s to be used. There are a significant number of training evaluation techniques (or models) available however there are four techniques (or models) that are commonly used. These comprise:

- *Kirkpatrick's Four-Level Training Evaluation Model* (Kirkpatrick & Kayser Kirkpatrick, 2016). This model is one of the oldest models but still widely used as it breaks the evaluation process down into four (4) simple levels (Allen, Hay & Palermo, 2021; Alsalamah & Callinan, 2022; Andriotis, 2019; Cahapay, 2021; Neendoor, 2023). This model will be further explored later in this section.
- *The Phillips Return on Investment (ROI) Model* (Phillip, 2003). This model is similar to the Kirkpatrick's Evaluation Model (Kirkpatrick & Kayser Kirkpatrick, 2016) however there is a fifth step which evaluates the training program's return on investment (ROI). To achieve this, the difference between training costs and training results are measured.
- *Kaufman's Five-Levels of Evaluation* (Kaufman, 1997). This training evaluation method is also based on Kirkpatrick's Evaluation Model (Kirkpatrick & Kayser Kirkpatrick, 2016) with an additional fifth step that measures the effectiveness of the training program in relation to societal benefits. An advantage of using this model is evaluating the benefits of training against the resources invested to determine ROI.

- *Anderson's Model of Learning Evaluation* (Anderson, 2007). There are three stages to the Anderson's Model of Learning Evaluation which is designed to be applied at an organisational level. While other training evaluation models focus on specific learning interventions, Anderson's Model (Anderson, 2007) focuses on aligning the training goals with the organisation's strategic goals. Anderson's Model (Anderson, 2007) differs from other models as it focuses on the two areas that organisations frequently struggle with which are conducting evaluations, and gathering evidence (Alsalamah & Callinan, 2022; Andriotis, 2019; Neendoor, 2023).

Hence, a technique/model is applied when undertaking evaluation to support decisions regarding costs, benefits, quality, and subsequent continuation, termination, or modification of a program (Alsalamah & Callinan 2022; Orlik et al., 2022; Reio Jr., Rocco, Smith & Chang, 2017; Sandford Worral, 2023).

One of the best known and widely accepted models for the assessment of training and education programs in a range of settings *Kirkpatrick's Four-Level Evaluation Model* (Allen et al., 2021; Alsalamah & Callinan, 2022; Cahapay, 2021; Kirkpatrick & Kayser Kirkpatrick, 2016) is provided as a useful taxonomy for evaluation of training programs. This model portrays four (4) levels of evaluation with each level applied sequentially to the measurement and evaluation of training from an individual and organisational performance level (Allen et al., 2021; Alsalamah & Callinan, 2022; Cahapay, 2021; Neendoor, 2023; Sandford, 2023).

Level 1. (Reaction) – assesses the learner's immediate satisfaction and interest in the training program. This is commonly measured after training via the learners completing a survey about their overall satisfaction with the learning experience e.g., has the learner found the training to be relevant to their role, engaging, and useful. This level is not a great indicator of learning success however it does provide an indication about what may not be working. For example, the

content did not sufficiently engage the learner, the delivery style was poor or that the content wasn't suitable and did not meet the learner's needs (Allen et al., 2021; Davies, 2021; Kirkpatrick &

Kayser Kirkpatrick, 2016; Sandford Worral, 2023).

The following table provides examples of how to apply level 1 Evaluation (Reaction).

Applying Level 1 Evaluation (Reaction)

Satisfaction Survey – A simple Likert Scale Survey is provided at the end of a workshop/program where the learner rates each question on a 5- or 7-point scale about how satisfying, relevant, and engaging the learner found the experience. There are various kinds of rating scales developed to measure attitudes directly however the most widely used is the Likert scale (Gravells, 2021; Mcleod, 2023;). This scale allows the learner to express how much they agree or disagree with a particular statement on the evaluation survey. Topics the survey should focus on include:

- Program objectives
- Course materials/quality of design and delivery
- Content relevance
- Trainer performance and knowledge (Alsalamah & Callinan, 2021; Gravells, 2021; Valamis, 2023).

Practical Tips:

- Use an online survey (where possible) and allow sufficient time at the end of the training for learners to complete the survey. If training was developed online then the survey can be provided via email, built directly into the eLearning program, or created in the Learning Management System (Savul et al., 2021).
- Provide space for written responses rather than multiple choice.
- Actively listen to verbal responses learners provide during training.
- Create questions that focus on the learner's experience.
- Indicate to the learners at the beginning of the session that a survey is to be completed at the completion of the training. This provides the learner with an opportunity to consider their responses throughout the training and give more detailed responses.
- Reiterate to the learners that their responses should be honest, and true opinions (Peck, 2023; Savul et al., 2021; Valamis, 2023).

From a practical perspective, Level 1 evaluation is inexpensive and is easy to obtain and analyse. However, whilst Level 1 data provides an indication as to the level the learner is enjoying the training experience it does not provide evidence that the learner's performance has improved, or that the training performance goal has been achieved (Allen et al., 2021; Peck, 2023; Sandford Worral, 2023).

Level 2. (Learning) – assesses the extent of the skills and knowledge gained during training. Assessments are used to measure how much knowledge and skills have changed from before to after the training. Assessment in this level is the basis for determining whether the training program assisted the participant to learn the desired knowledge, skills, or

attitudes (Allen et al., 2021; Cahapay, 2021; Peck, 2023; Valamis, 2023). Cognitive learning outcomes are associated with acquisition of knowledge, whereas skills-based learning outcomes are concerned with the acquisition of technical or motor skills and attitudinal learning consists of aspects such as goals, motivation and attitude that are connected to the training program's objectives (Alsalamah & Callinan, 2021). Therefore, a range of assessment methods should be used to determine if the assessment data is useful in deciding on whether the learner has met the required level. At the end of training if the learner's knowledge has increased or they demonstrate a different attitude

or improved skill it is considered that learning has taken place (Allen et al., 2021; Alsalamah & Callinan, 2021; Cahapay, 2021). Whilst not always practical or cost effective, pre-tests are the best way to establish a baseline for the learners. Pre and post-test learning

assessments should be used to confirm accuracy of results (Cahapay, 2021; Peck, 2023; Valamis, 2023).

The following table provides examples of how to apply level 2 Evaluation (Learning).

Applying Level 2 Evaluation (Learning)

Examples of commonly used tools to measure learning outcomes for Level 2 Evaluation include:

- Competency Based Assessment (Criterion referenced) tool. This is highly relevant for quantifiable or technical/clinical skills. E.g., Basic Life Support Assessment tool (Gravells, 2021).
- Examinations:
 - Multiple choice questions (MCQs). These are included as part of the program to determine percentage of knowledge acquired. MCQs comprises a series of answers where only one of the offered answers is correct. The question is referred to as the 'stem' and the possible answers which include the correct answer are known as the 'distracters'. A minimum score e.g., 80% or above may determine a 'pass' and can assess mastery of important knowledge and procedures. Well-constructed MCQs examinations can extend beyond simple assessment of knowledge to assess higher order cognitive skills such as comprehension, application, and analysis.
 - True/false questions offer only two opposing answers. These questions can effectively diagnose a learner's level of understanding of complex concepts but can be subject to guesswork.
 - Matching items. Two lists of terms are provided, and the learner is asked to match terms from one list with terms on the other list.
 - Short answer or structured response questions are formed similarly to MCQs but without the offered answers. Learners must write an answer into the free space provided. The emphasis is placed on assessing the ability of a learner to produce an appropriate response, not just identify the correct alternative. Learners must know the correct answer to complete structured response questions.
 - Extended answers or essays. The emphasis is on testing integration and development of hypotheses. In nursing and midwifery, questions usually take the form of two – four questions relating to a given patient situation with marks allocated to each question (Gravells 2021).

Examinations require sufficient time to construct to reduce ambiguity and are characterised by supervision and time-restrictions for completion (Gravells, 2021).

- Observations. A flexible approach to data collection and includes the educator's observations from both a qualitative and quantitative perspective. Structured observation provides an opportunity to measure or record behaviours. Observations can be used as a stand-alone data collection tool however they must be carefully planned with a clear understanding of the questions to be answered and the particular behaviours or attributes of interest (Andriotis, 2019; Gravells, 2021; New South Wales [NSW] Government, 2021).
- Interviews. Whether conducted face-to-face or online, interviews can be more effective than questionnaires as an interview provides an opportunity for the learner to respond to questions and for the educator to delve deeper into the learner's responses. This flexibility provides the educator with valuable and detailed information about the learner's training (Andriotis 2019). However, flexibility is limited for this evaluation method as each interview has to be conducted separately which is time consuming for both the learner and the educator. Additionally, the same questions should be used for each learner interview to ensure comparability and summarising results (Andriotis, 2019; Gravells, 2021).

Practical Tips:

- Conduct assessment before and after to ascertain how much was learnt (Savul et al., 2021).
- In some situations, a control group could be helpful for comparing results.

- A scoring process should be defined and clear and must be determined in advance to reduce inconsistencies in assessments.
- The assessment strategies should be in line with the goals of the program.
- Interviews and observations can be used before or after training however this is time consuming, and results can be inconsistent (Andriotis, 2019; Gravells, 2021; Peck, 2023; Valamis, 2023).

Most evaluation of training is confined to levels 1 and 2, which can disrupt many well intended evaluation efforts as the most valuable data has not been captured and analysed (Kirkpatrick & Kayser Kirkpatrick, 2016; Paull, Whitsed & Girardi, 2016). However, Level 3 Evaluation data assists in making informed decisions about improvements to training programs. While this data is valuable, it is also more difficult to collect than that in the first two levels of the model. On-the-job measures are necessary for determining whether or not behavior has changed as a result of the training (Kirkpatrick & Kirkpatrick, 2016).

Level 3. (Behaviour) – Measures the participant's ability to apply learned knowledge and skills in the workplace and assesses

whether (and how much) behaviour has changed as a result of training. Results of this assessment will demonstrate not only if the learner has correctly understood the training, but also if the training is applicable in the workplace. When observing behaviour within the workplace other issues often impact (i.e., existing processes and conditions within the organisation) and as such if a learner does not change their behaviour after training, it does not necessarily mean that the training has failed (Allen et al., 2021; Alsalamah & Callinan, 2021; Cahapay, 2021; Peck, 2023; Sandford Worral, 2023; Valamis, 2023).

Applying Level 3 Evaluation (Behaviour)

Examples of commonly used methods to measure behaviour change include:

- Observing the learners directly, reviewing relevant metrics and conducting performance reviews are the most common ways to determine whether on-the-job performance has improved. Since performance reviews are usually general in nature and are only conducted biannually these may not be particularly effective at measuring on-the-job behaviour changes because of a specific training intervention. Therefore, intentional observation associated with the desired results of the training program should be conducted (Alsalamah & Callinan, 2021; Andriotis, 2019; Peck, 2023; Valamis, 2023).
- Use of interviews and observation to assess behavioural change (Valamis, 2023). Refer to Level 2 Interview methods.
- 360-degree feedback is a useful method and needs to be used before training. Peers and colleagues may provide useful information regarding changes in the learner's working behaviour (Neendoor, 2023).
- Assessments can be designed based on relevant performance scenarios, and specific key performance indicators and criteria. This can be completed either by asking participants to complete a self-assessment or by asking line managers to formally assess learners (Neendoor, 2023).

Practical Tips:

- The most effective time for implementing this level is 3 – 6 months after the training is completed. Evaluation undertaken too soon will not provide reliable data.
- Use a mix of observations and interviews to assess behavioural change.
- Be aware that opinion-based observations should be minimised or avoided, so as not to bias the results.
- Be clear of the degree of change and how consistently the learner is implementing the new skills. Consider if the change will be sustainable (Valamis, 2023).

Level 4 (Results) – measures the effect of training on the organisation and is considered the most important step. It is usual to measure results such as productivity, staff turnover, quality, efficiency, and stakeholder satisfaction ratings (Kirkpatrick & Kayser Kirkpatrick, 2016; Paull et al., 2016). This level is often not undertaken due to the significant time and budget necessary to measure these results and as such decisions about training design and delivery are made without all the information necessary to know whether the training is a good investment (Peck, 2023). Whilst collecting, organising, and analysing data is time consuming, the outcomes are usually very worthwhile for the organisation. Results from this level are the most sought after by stakeholders and the most difficult to provide (Alsalamah & Callinan, 2022; Cahapay, 2021). Key Performance Indicators can be used to track outcomes such as financial benefits,

increased productivity, decreased workers compensation claims, staff turnover, improved patient outcomes and reduced incidences (Allen et al., 2021; Alsalamah & Callinan, 2022; Androit, 2019; Kirkpatrick & Kayser Kirkpatrick, 2016; Neendoor, 2023; Peck, 2023; Valamis, 2023). The challenge is to identify which measures and how the training relates to the learners' input and how external factors affect overall organisational performance (Peck, 2023; Sandford Worral, 2023; Valamis, 2023;). Training and training budgets are usually first to be reduced during fiscal constraints and whilst supporting the value of continuous learning and development it is imperative to be able to provide compelling evidence that training delivers bottom-line results (Kirkpatrick Partners, 2021).

The following table provides examples of how to apply level 4 Evaluation (Results).

Applying Level 4 Evaluation (Results)

Examples of commonly used methods to measure results include:

- Use a control group (where possible) however this is expensive and not always feasible. Compare one group that received training with another group that did not receive training (Peck, 2023; Sandford Worral, 2023; Valamis, 2023).
- Observations. The observer must understand the training type and desired outcome (Kitchie, 2023).
- Measure Key Performance Indicators – this will provide a measure that critical behaviours are on target to create positive impact on desired results (Bastable & Myers, 2023; Valamis, 2023).
- Obtain participant feedback and pair with observation results for maximum efficacy.
- Interviews can be undertaken as per Level 2 (Andriotis, 2019).

Practical Tips:

- Be aware of the desired outcomes from all stakeholders' perspectives.
- Be clear about who is to benefit from the training.
- Measure and analyse the impact of the training at the business level but link this to the individual training program.
- Don't rush. This level of evaluation requires sufficient time as it is important that the learners have been provided time to effectively apply new skills and modify performance behaviour. Complete 3 – 6 months after training (Peck, 2023; Valamis, 2023).

Kirkpatrick's Model is just one model which can be used in the process of evaluating training and the subsequent success of a program and is considered by some as hierarchical in nature with the four levels arranged in ascending order (Kirkpatrick & Kirkpatrick, 2016; Paull et al., 2016). One criticism is that behavioural change has higher significance than positive reactions and positive outcomes at Level 4 which is the ultimate goal of every training program Allen et al., 2021; (Alsalamah & Callinan, 2022; Cahapay, 2021). However, in practice, an outcome is not necessary at each level in the training program (Alsalamah & Callinan, 2022; Kippers et al., 2018). Nonetheless, the literature indicates that most evaluation models are generally based on the four levels of Kirkpatrick's Evaluation Model which is still extensively used internationally (Allen et al., 2021; Alsalamah & Callinan, 2021; Alsalamah & Callinan, 2022; Davies 2021; Neendor, 2023; Reio et al., 2017; Sandford Worral, 2023). Reio et al. (2017) contend that the strength of this model is in its simplicity, and ease of appreciating the concepts of training evaluation (Kirkpatrick & Kayser Kirkpatrick, 2016; Paull et al., 2016).

As identified above, when undertaking evaluation of an individual, it is important to use a model or technique with tools based on salient criteria and competence which can be clearly defined, measured and observed (Gravells, 2016; Kirkpatrick & Kayser Kirkpatrick, 2016; Paull et al., 2016).

14.2 Assessment and Evaluation

Assessment and evaluation are highly interrelated, and the terms are often used interchangeably, however they are not synonymous (Allen et al., 2021; Sandford Worral, 2023). Assessment is the process of gathering, summarising, interpreting, and using data to decide a direction for action (Allen et al., 2021; Sandford Worral, 2023). Evaluation involves gathering, summarising, interpreting, and using data after an activity has been completed to

determine the extent to which an action was successful (Allen et al., 2021; Sandford Worral, 2023).

In undertaking assessment of an individual, it is important that a model such as Kirkpatrick's (Allen et al., 2021; Alsalamah & Callinan, 2021; Alsalamah & Callinan, 2022; Davies, 2021; Kirkpatrick Partners, 2021; Neendoor, 2023; Sandford Worral, 2023) is used, and that the tool/s applied is/are either based on salient criteria and/or competence (knowledge, skills, behaviours/abilities) to be demonstrated rather than a simple list of tasks (Sandford Worral, 2023). Competency assessment or criterion reference tools need to be validated, reliable and feasible and must itemise performance into identifiable and quantitative components which are clearly defined, measurable and observable (Bastable & Capacci, 2023; Gravells, 2016 & 2021). Overall, individual assessment results (e.g., applied from Kirkpatrick's levels 1 – 4) contribute to the overall training results and measures areas of impact (Valamis, 2023).

Moreover, whatever evaluation model is utilised (dependent on HHS/facility/directorate/service requirements/processes), the primary goal is to consider and synthesise the findings and develop recommendations for stakeholder application (Kirkpatrick & Kayser Kirkpatrick, 2016; Paull et al., 2016).

14.3 Reporting

Nurse and Midwifery Educators/delegates are primarily responsible for summing, providing evaluation findings and recommendations, and the subsequent reporting processes are critical in offering the foundation for decision making related to education resources, training programs and future direction (Reio et al., 2017; Sandford Worral, 2023).

Specifically, nursing and midwifery education reporting is significant as it provides the relevant staff with the ability to:

- Set internal and external benchmarks to improve performance.

- Measure and monitor workforce development capacity and capability.
- Demonstrate legislative, mandatory, and requisite skill acquisition and compliance.
- Support workforce development, continuing professional development (CPD), ongoing lifelong learning and decision making.
- Improve communication and ability to engage others in education initiatives and partnerships that add value to nursing and midwifery profile and reputation.
- Market education priorities and provide clarity regarding clinical, professional, and organisational education/training opportunities.
- Attract internal and external project/development funding for innovation, change and implementation.
- Implement and monitor submission outcomes, government, HHS and professional imperatives.
- Monitor quality improvement processes to enhance educational outcomes and mitigate risk.
- Demonstrate engagement in teaching, leadership, research, and other scholarly activities to build capacity of Nurse and Midwifery Educators and others.
- Determine return on investment and expectations (Allen et al., 2021; Cahapay, 2021; Gravells, 2021; Kirkpatrick & Kayser Kirkpatrick, 2016).

Therefore, results of an evaluation must be reported if the evaluation is to be of any use (Neendoor, 2023; Peck, 2023; Reio et al., 2017; Sandford Worral, 2023). However, a final evaluation report is not often provided or shared for diverse reasons including knowing who should receive the results; the results are deemed unimportant or will not be used; inability to translate findings into a useful report; and concern that results will be misused (Sandford Worral, 2023).

Consequently, to increase the probability of reporting evaluated results to the appropriate stakeholders in a timely and usable form, there should be a focus on the target audience; the

purpose of evaluation; methods; key findings; recommendations; and lessons learnt (Kippers et al., 2018; Sandford Worral, 2023). The purpose for conducting an evaluation is to provide information for decision making by the primary audience. Therefore, the results of the evaluation report must be consistent with the purpose. An evaluation report should always begin with an executive summary that is succinct, limited to one page and includes any recommendations. Always present the evaluation results in a format and language that the target audience can understand and use without additional interpretation. It is suggested that the body of the report should contain the purpose for conducting the evaluation; how the evaluation was conducted and the outcome of the evaluation results. Easy to understand graphs and charts should also be included. The more complex results should be provided in an appendix (Sandford Worral, 2023). Throughout the report the Nurse or Midwifery Educator/delegate should maintain consistency with actual data when reporting and interpreting findings. For example, if the Nurse or Midwifery Educator/delegate observes the performance outcome within a classroom setting they should not interpret that this performance would be applied within the work unit (Sandford Worral, 2023). To mitigate conceptual leaps from the data collected to the conclusion drawn from the data is to provide evaluation results and interpretation of those results in a separate section of the report. Additionally, limitations of the evaluation should be included as this is an important part as it provides useful information for consideration in future evaluations (Sandford Worral, 2023).

Once the report is developed and reviewed it is submitted to relevant committees, line managers and other stakeholders, as per governance processes. Post endorsement recommendations and application of program improvements are undertaken with outcomes feedback via usual processes (Kippers et al., 2018).

A *Queensland Health Nursing and Midwifery Education Plan* aligned to relevant tenets of the *Framework for Lifelong Learning for Nurses and Midwives* (State of Queensland [SoQ] (Queensland Health [QH]), 2018a), the Business

Planning Framework (BPF) principles (SoQ (QH), 2021a) has been developed. This plan is updated annually to include projected education priorities (Swartz, 2019). Subsequently each HHS contextualises the *Nursing and Midwifery Directors of Education Forum: A Strategic Action Plan for Lifelong Learning Statewide 2023 – 2025* (available from the Nursing and Midwifery Director – Education Lead for the HHS) as an effective approach to formulate direction, identify priorities, key strategies, actions, responsibilities, and key performance indicators (SoQ (QH), 2018a). To facilitate HHS engagement and application, a statewide education plan reporting template (based on key performance indicators [KPIs] of the Queensland Health Nursing and Midwifery Education Action Plan [*Nursing and Midwifery Directors of Education Forum: A Strategic Action Plan for Lifelong Learning Statewide 2023 – 2025*]) is used to capture data for reporting. The data is collected by each HHS annually and submitted to the Chair of the Nursing and Midwifery Directors Education Forum who collates an overarching *Education Outcomes Report*. This report which measures achievement of the KPIs of the Plan is submitted to the Queensland Health Executive Directors of Nursing and Midwifery Forum for consideration of service achievement against expectation and actions within HHS.

The ability to produce an overarching *Nursing and Midwifery Education Outcomes Report* is a complex process which requires engagement by all HHS nursing and midwifery education services. Within each HHS performance outcomes are monitored and evaluated through a

comprehensive range of controls/metrics/targets to verify outputs/outcomes and reported through the nursing and midwifery governance structure as per HHS, facility requirements (SoQ (QH), 2018a). This form of reporting assists in gauging the effectiveness of education services in building a capable, competent, and professional workforces, and return on expectations (SoQ (QH), 2018a).

Monitoring, evaluation, and reporting is usually undertaken by Nurse or Midwifery Educators or delegates. The use of a standardised reporting template with KPIs assists with data integrity, reporting consistency, and benchmarking. Production of a biannual or annual Education Outcomes Report is a useful summary of qualitative and quantitative data related to outcomes and performance against the KPIs for ongoing monitoring and priority setting for the following year.

Additionally, a state-wide education plan reporting template (aligned to the state-wide education plan) is completed and submitted by each HHS annually. An overarching Education Outcomes Report (developed against specific KPIs) is collated by the Chair of the Nursing and Midwifery Directors Education Forum and submitted to the Queensland Health Executive Directors of Nursing and Midwifery. Effective dissemination of nursing and midwifery education reports to relevant stakeholders affords the service the opportunity to profile and market services and utilise feedback mechanisms to receive target audience comments and modify approaches as relevant to the HHS, facility and state.

15. Conclusion

The *Framework* offers a scaffold for overarching teaching considerations that 'value add' to achieving a sustainable, professional, capable patient-focussed/woman-centred nursing and midwifery workforce that is respected for competence and quality. *Framework* sections and sub-sets focus on strategies, and standards to facilitate nursing and midwifery governance, and adoption and application of the tenets by Nurse and Midwifery Educators and others (e.g., line managers). Effective application of the *Framework* within an hospital and health service (HHS)/facility will enhance engagement and development of workforce capacity, capability, relationships, decision-making, and support a positive culture of learning and equity to facilitate the provision of safe patient-focussed/woman-centred outcomes within any context of health care.

The *Framework* offers Nurse and Midwifery Educators and others the opportunity to improve nursing and midwifery staff education and training experiences by informing strategies, policy, practices and behaviours aligned to strategic and operational imperatives. Nursing and Midwifery Directors of Education and Nurse and Midwifery Educators (or delegates) take a lead role in promoting and implementing strategies to support application of key *Framework* initiatives and aligned resources to achieve standards that measure the effectiveness of educational activities and foster an environment conducive to workplace learning accordingly engendering a philosophy and culture of lifelong learning.

16. Appendices

Appendix 1: Glossary

Term	Definition
Advanced Qualification	An <i>Advanced Qualification</i> is a Masters degree or PhD (QIRC, 2022a).
Advanced Practice	<p>Advanced practice incorporates professional leadership, education, research, and support of systems.</p> <p>Advanced practice includes utilising relevant expertise, critical thinking, complex decision-making and autonomous practice to be accountable and responsible for the delivery of safe effective care, that is provided within a generalist or specialist context to people who have complex healthcare requirements.</p> <p>Advanced practice in nursing and midwifery is demonstrated by a level of practice not by a job title or level of remuneration (CNMO Australia, 2020).</p>
Advanced Standing	Advanced standing means credit for prior learning which contributes towards the volume of learning required to complete a course (QUT, 2021).
Australian Health Practitioner Regulation Agency (Ahpra)	The <i>Australian Health Practitioner Regulation Agency (Ahpra)</i> is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia.
Award	<p>The achievement (e.g., certificate, diploma, degree, graduate certificate, graduate diploma, master's degree, professional doctorate or Doctor of Philosophy) – conferred upon successful completion of the requirements for that specified program (University of Adelaide, 2017).</p> <p>To be eligible for conferral of an Award (certificate, diploma, degree, graduate certificate, graduate diploma, master's degree, professional doctorate, or Doctor of Philosophy), a student must successfully complete all requirements for the relevant program of study (University of Queensland, 2021).</p>
Career	The sequence of work-related positions occupied throughout a person's life (Gunz, Lazarova & Mayrhofer, 2019).
Career Development	The lifelong process of managing learning and work activities in order to live a productive and fulfilling life and is a broad term synonymous with vocation, mission, and calling, representing a lifelong journey through a range of life, learning and work (Campbell, 2022; Nova Scotia Public Service Commission, 2015).
Career Planning	Is the active, deliberate, and tailored facilitation of an individual's career development through a process in which the individual is ultimately engaged (State of Queensland (Queensland Health), 2019b).
Career Self-Management	<p>Is an active process that consists of:</p> <ul style="list-style-type: none"> • strategic individual behaviours (e.g., applying for a career-enhancing position, learning a new skill) or joint actions with another person (e.g., establishing a mentoring relationship), • behaviours which ensure positive influences among others (e.g., self-promotion), and

Term	Definition
	<ul style="list-style-type: none"> behaviours which balance the demands of roles and prevent transgression of boundaries (e.g., work-life balance) (Rothwell, 2010).
Clinical Learning	<i>Clinical learning</i> refers to the requisite knowledge, skills and attributes specified by the organisation as being essential to enable nursing and midwifery staff to demonstrate acceptable standards of practice in the delivery of patient care to achieve best practice outcomes.
Co-design	A process where people with professional and lived experience partner as equals to improve health services by listening, learning, and making decisions together (Metro North Health, 2022).
Competence	<i>Competence</i> is the combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession. It encompasses confidence and capability (NMBA, 2022b).
Context	<p><i>Context</i> refers to the environment in which nursing and midwifery is practiced. It includes the:</p> <ul style="list-style-type: none"> patient/client characteristics and health needs and the complexity of care required by them model of care, type of service or health facility and physical setting amount of clinical support and/or supervision that is available resources that are available, including the staff skill mix and level of access to other health care professionals (NMBA, 2022b).
Continuing Professional Development (CPD)	<i>CPD</i> (often interchanged with the terms <i>Lifelong Learning</i> or <i>Continuing Professional Education</i>) is viewed as a long-term process that includes opportunities and experiences systematically planned to promote growth and development in the profession (NMBA, 2016; Riley, 2020; Fahey & Monaghan, 2005; Morgan et al., 2008).
Credentialing	<p>Credentialed practice comprises a formal process used to verify the qualifications, experience, professional standing, and other relevant professional attributes of health professionals. Credentialing may be conducted by the organisation or a professional body. (Queensland Health, 2021e)</p> <p>The purpose of <i>Credentialing</i> is to form a view of the individual's competence, performance, and professional suitability to provide safe, high quality health care services within specific organisational environments.</p>
Credit	A form of Advanced Standing (QUT, 2021)
Enrolled Nurse (EN)	An <i>Enrolled Nurse</i> is an employee who appears on the <i>Register of Practitioners of the Australian Health Practitioners Regulation Agency (Ahpra)</i> as an Enrolled Nurse Division 2 (QIRC, 2022a).
Expanding Scope of Practice	The NMBA supports decision-making for RNs or midwives, who are practicing at advanced levels and wish to expand their practice (NMBA, 2022b). Expansion of the RN or midwife's practice occurs when they assume the responsibility to provide a new health care activity or service beyond what is viewed as the established, contemporary scope of practice (ANMF, 2014).

Term	Definition
	<p>Expanded scope of practice may include:</p> <ul style="list-style-type: none"> the use of new technology, i.e., laser treatment for cosmetic purposes; the integration of complementary care, i.e., therapeutic massage, hypnotherapy, naturopathy; shared activities with other health professionals to improve access to a skilled health workforce; professional roles, i.e., Protocol Initiated X-rays (PIX), ultrasound therapy; and changes in referral, diagnostic, prescribing and medication supply authorisations. <p>Expanded practice comprises formal processes for continuing education, assessment of competence and authorisation through credentialing (NMBA, 2022b; RNAO, 2014).</p> <p><i>An EN cannot expand their Scope of Practice.</i></p>
Experienced Nurses and Midwives	An experienced nurse or midwife is one who demonstrates advanced knowledge, skills, and abilities based on the quality and complexity of experiences within relevant practice environments rather than the length of time in the healthcare industry, and has experience in supervising and training entry level colleagues and others as required (CNMO Australia, 2020: p5)
Generic Level Statements (GLS)	Are broad, concise statements of the duties, skills and responsibilities indicative of a given nursing and midwifery classification level (QIRC, 2022a).
Induction	<i>Induction</i> is the process by which employees are familiarised with their new immediate work unit and environment, including local work practices, standards, safe work procedures, administrative procedures, and training in relevant systems (Queensland Health, 2018; Metro North Health, 2021).
Interprofessional Education (IPE)	“Interprofessional education occurs when two or more professionals learn about, from and with each other to enable effective collaboration and improve health outcomes” (WHO, 2010).
Interprofessional Collaboration (IPC)	The process whereby relationships and rapport are developed and maintained between two or more healthcare professional individuals to exercise their expertise in their specific area of practice and communicate their different perspectives to other healthcare professionals to achieve better health outcomes (Lucas, Power, Hayes & Ferguson, 2019)
Knowledge Management and Transfer	<p>A conscious strategy of transferring the right knowledge to the right people at the right time (Calo, 2008; Edwards, 2015).</p> <p>The process of involving the people, processes, content, culture, and enabling technology necessary to capture, manage, share, and find information (Hilger & Wahl, 2022)</p>
Legislative Training	Training required to comply with legislation or acts (e.g., fire safety training).
Lifelong Learning	<i>Lifelong Learning</i> is the provision or use of both formal and informal learning opportunities throughout people's lives in order to foster the continuous development and improvement of the knowledge and skills

Term	Definition
	needed for employment and personal fulfilment (Collins, 2018; UNESCO Institute for Lifelong Learning, 2020).
Mandatory Training	Training which has been identified by the HHS as mandatory / compulsory for staff in alignment with policy or required by relevant directive. (Queensland Health, 2021c)
Midwife	A <i>Midwife</i> is an employee who appears on the <i>Register of Practitioners of the Australian Health Practitioners Regulation Agency (Ahpra)</i> as a Midwife (QIRC, 2022a).
Mentor	Someone who is recognised as a highly proficient professional who is selected by an individual to guide their development from both personal and professional perspectives (Huybrecht, Loeckx, Quaeyhaegens, De Tobel & Mistiaen, 2011; State of Queensland (Queensland Health), 2019b).
Mentoring	<i>Mentoring</i> is a voluntary, long-term, multifaceted developmental relationship where personal, psychosocial support and career guidance is provided to the mentee by a more experienced person/s (Brewer, 2016; Groves, 2007; MCEECDYA, 2014; UNSW, 2015; State of Queensland (Queensland Health), 2019b).
Nursing and Midwifery Board of Australia (NMBA)	The <i>Nursing and Midwifery Board of Australia (NMBA)</i> is the National Board under Ahpra for nursing and midwifery in Australia. The functions of the NMBA include: <ul style="list-style-type: none"> • registering nursing and midwifery practitioners and students • developing standards, codes and guidelines for the nursing and midwifery professions • handling notifications, complaints, and investigations • assessing overseas trained practitioners seeking to practice in Australia • approving accreditation and accredited courses of study (NMBA, 2021b).
Nursing and Midwifery Education	<i>Nursing and Midwifery Education</i> consists of the theoretical learning and practical training provided to nurses and midwives with the purpose to prepare them for their duties, advance practice through specialisation, and respond to changing demands on the profession (Kalinski, 2014; Longe & Narins, 2017). <i>Nursing and Midwifery Education</i> is a formal and planned educational pathway through which nurses and midwives are facilitated, guided, assisted and given the means to practice in a competent and professional manner, including advancement through specialisation (Lowe, 2020; Tsimane & Downing, 2020).
Work Unit Development Map	A <i>Work Unit Development Map</i> (e.g., of a learning pathway) summarises the key elements of development required by a nurse/midwife throughout the continuum of learning of their work life. The <i>Work Unit Development Map</i> can be contextualised to any work unit and can be applied at every stage of a nurse/midwife's career in relation to their role (e.g., AIN, EN, RN or Midwife, etc.) and developmental stage (e.g., new graduate, experienced RN, Midwife, or RN specialisation) to meet individual learning needs.

Term	Definition
Operational Plan	<p><i>Operational Plans</i> are the link between strategic objectives, policy and directives and the implementation of activities.</p> <p><i>Operational Plans</i> aim to transform the strategic-level plan into actionable tasks and include service standards and other measures that allow the HHS/facility/directorate/service to assess performance in the delivery of services (Schmets, Rajan & Kadandale, 2016; State of Queensland (Department of the Premier and Cabinet), 2022).</p>
Organisational Knowledge	<p><i>Organisational Knowledge</i> is the collective knowledge and abilities possessed by the people who belong to an organization. It is a distinct attribute of an organisation and is different and distinguishable from the knowledge of individuals (Gamrat, 2023; Spacey, 2017).</p>
Organisational Learning	<p>The knowledge and skills required by nurses and midwives to function effectively in their roles to achieve specific organisational aims (AHRI, 2015).</p> <p>The process of gathering and using experience in order to improve the performance of an organization or individual (Gamrat, 2023).</p>
Orientation	<p><i>Orientation</i> is the process by which new employees are provided with the opportunity to gain knowledge and appreciation of the HHS, including its mission, strategic objectives, corporate initiatives and scope of the health service including facilities, services and specific legislative, mandatory and requisite training and assessment (State of Queensland (Queensland Health), 2018b; State of Queensland (Queensland Health), 2019d).</p>
Performance and Development Planning (PDP)	<p><i>PDP</i> is the process of identifying, evaluating and developing the performance of employees in a HHS/facility/directorate/service, so that organisational goals are more effectively achieved.</p> <p>It also provides the mechanism whereby all employees can benefit in terms of recognition, receiving feedback, career planning and professional and personal development (Metro North Hospital and Health Service, 2014; Queensland Health, 2021b).</p>
Preceptor	<p>A <i>Preceptor</i> is a competent, confident and experienced practitioner who facilitates the effective transition and assimilation of a newly registered or transferred nurse/midwife to the work environment through role modelling; demonstration of supportive behaviours; identifying and addressing learning needs; and guiding practice and development (Trede, Sutton & Bernoth, 2015; Valizadeh et al., 2016; State of Queensland (Queensland Health), 2019d).</p>
Preceptorship	<p><i>Preceptorship</i> is a formal, preplanned relationship between an experienced and newly registered/transferred nurse/midwife during which he/she is transitioned to the work environment; supported to develop their competence and confidence as an autonomous professional; refine their skills, values and behaviours; and continue their journey of life-long learning. (Valizadeh et al., 2016; Whitehead et al., 2015; State of Queensland (Queensland Health), 2019d).</p>
Re-entry Program	<p>A program of study accredited by ANMAC and approved by the NMBA as preparation for nurses and midwives for re-entry to the register after a lapse in practice and/or removal from the register for a period exceeding</p>

Term	Definition
	the requirement in the Registration standard: Recency of practice. It contains both a theoretical and a clinical experience component (NMBA, 2022c).
Refresher Program	Refresher Programs are for Registered Nurses, Enrolled Nurses and Midwives who are registered with Ahpra and who meet the Recency of Practice Registration Standard including holding current registration but wish to refresh their knowledge in acute care nursing or midwifery (Australian College of Nursing, 2023; NMBA, 2022c).
Registered Nurse (RN)	An RN is an employee who appears on the <i>Register of Practitioners of the Australian Health Practitioners Regulation Agency (Ahpra)</i> as a Registered Nurse Division 1 (QIRC, 2022a).
Requisite Training	Training required for specific groups of staff to enable them to perform their role to meet professional and local service requirements.
Specialised	<i>Specialised</i> refers to a more focused area of practice where the nurse/midwife works with a discrete patient/client group in a defined setting (QIRC, 2022a).
Specialist	<i>Specialist</i> means a nurse/midwife who is recognised for their breadth of knowledge or skill within their specialised area of practice (QIRC, 2022a).
Students (Undergraduate, Postgraduate, Enrolled and Re-Entry)	Any nursing and/or midwifery student who is enrolled in a course or module of study with an Education Provider, or is an Externally Enrolled Scholar, and undertakes a Placement in accordance with the terms of Queensland Health Student Deed (Student Placement Deed - reference document (health.qld.gov.au)) (Queensland Health, 2022b)
Succession Management	<i>Succession Management</i> is any effort designed to ensure the continued effective performance of a HHS/facility/service, division, department or work group by making provision for the development, replacement and strategic application of key people over time (Deloitte, 2016; Higginbottom, 2014; Victorian Public Sector Commission, 2015; State of Queensland (Queensland Health), 2019b).
Training	<i>Training</i> is aimed at enhancing employees' personal qualities that lead to greater organisational efficiency and higher performance standards through assisting employees obtain knowledge and skills required for optimal performance and development within the areas relevant to the organisation. State of Queensland (Queensland Health), 2019d).
Transition	<i>Transition</i> is the period of learning and adjustment in which the new staff member acquires the skills, knowledge and values required to become an effective member of the health care team (Fox, Henderson & Malko-Nyhan, 2005; State of Queensland (Queensland Health), 2019d).
Transition Support Programs (TSPs), Immersion (e.g., SWIM) and/or Accelerated Specialisation Programs	<i>TSPs, Immersion (e.g., SwIM) and/or Accelerated Specialisation Programs</i> are contemporary, post registration, clinically focused, continuing professional development programs. These programs developed for specific cohorts assist the newly graduated or transferred nurse/midwife to acquire further general and speciality knowledge and skills in a logical, sequenced supported approach to effectively transition to work expectations (State of Queensland (Queensland Health), 2019c &

Term	Definition
	2019d).
<i>Unlicensed health care workers</i>	<p><i>Unlicensed health care workers</i> are not registered to practise as an RN, midwife or EN. They include, but are not limited to, AIN, Personal Care Workers, Indigenous Health Workers, Undergraduate Students in Nursing (USIN) and students undertaking a school-based traineeship.</p> <p><i>Unlicensed health care workers</i> carry out routine, non-complex components of care that are delegated following risk assessment by an RN, midwife or other appropriate health professional (e.g., the Anaesthetic Technician is accountable to the Anaesthetist) (NMBA, 2022b).</p>
<i>Upskilling</i>	Any training or education that provides a participant with a new or additional knowledge or skills to enhance workforce capacity and capability (excludes Legislative, Mandatory or Requisite Skills)
<i>Workforce Capability</i>	<i>Workforce Capability</i> refers to the HHS/facility/service ability to accomplish its work processes through knowledge, skills, abilities and competencies of its people (Queensland Health, 2020).
<i>Workforce Planning</i>	<i>Workforce Planning</i> is the systematic identification and analysis of what an HHS/facility/service is going to need in terms of size, type and quality of workforce to achieve its objectives (Queensland Health, 2020).

Appendix 2: Examples of CPD Activities

The activities provided within Appendix 2 include a variety of examples for consideration.

Workplace Learning	Professional Activity
<ul style="list-style-type: none"> • Action learning • Coaching from others • Case studies/presentations • Clinical audit • Reflective practice • Self-assessment • Peer review & discussions with colleagues • Supervising staff or students • Involvement in professional or organisational work on behalf of employer (e.g., participation in/representation on a committee) • Acting in higher duties • Work shadowing • Secondments/job rotation • Site/department visits • Ward rounds • Journal club • Study groups/special interest groups • In-service training • Role expansion • Situational analysis of significant events • Project work or project management • Quality assurance activities • Developing pathways, protocols, guidelines, policy • Participating in performance development 	<ul style="list-style-type: none"> • Professional body membership and engagement • Organisation/participation in journal clubs or specialist interest group activities • Lecturing or teaching • Succession Management • Mentoring • Clinical Supervision activities • Supported Practice activities • Preceptorship • Clinical Teaching/Facilitation • Being a resource person or assessor • Attending branch meetings • Maintaining or developing specialist skills • Being an expert witness • Participating in or chairing a committee/working party • Giving presentations at conferences • Undertaking individual assignments • Organising accredited courses • Supervising research • Clinical supervision of colleagues • ANMAC accreditation team member • ACN Community of Interest • Professional/career promotion
Self-Directed Learning	Formal / Educational
<ul style="list-style-type: none"> • Reading journals/articles • Conducting evidence-based reviews/literature searches • Online discussion groups • Reviewing/editorial of books/articles/professional documents • Contemporary professional reading through the Internet or TV • Keeping a file of progress • Reflection in Action activities, e.g., review of practice 	<ul style="list-style-type: none"> • Courses • Workshops • Further education • Undertaking research • Attending conferences • Writing articles or papers • Going to seminars • Distance learning/online learning • Courses accredited by professional body • Planning or running a course • Delivering training <p>Other</p> <ul style="list-style-type: none"> • Public service • Voluntary work • Higher Education Programs of Learning leading to AQF qualification • Short Courses

(Adapted from Health & Care Professions Council [HCPC], 2017; NMBA, 2016b)









Appendix 3: Annual Minimum Required CPD Hours as per Registration Type

Registration Type	Minimum Hours	Total Hours
Registered nurse or Enrolled nurse	20 hours	20 hours
Registered nurse and Midwife	Registered nurse - 20 hours Midwife – 20 hours	40 hours
Enrolled nurse and Midwife	Enrolled nurse – 20 hours Midwife – 20 hours	40 hours
Nurse practitioner	Registered nurse - 20 hours Nurse practitioner endorsement – 10 additional hours relating to prescribing and administration of medicines, diagnostics investigations, consultation, and referral	30 hours
Midwife practitioner	Midwife – 20 hours Midwife endorsement – 10 additional hours relating to context of practice, prescribing and administration of medicines, diagnostics investigations, consultation, and referral	30 hours
Registered nurse with scheduled medicines endorsement (Rural and remote)	Registered nurse – 20 hours Scheduled medicines endorsement –10 additional hours relating to obtaining, supplying and administration of scheduled medicine	30 hours
Midwife with scheduled medicines endorsement	Midwife – 20 hours Scheduled medicines endorsement – 10 additional hours relating to context of practice, prescribing and administration of medicines, diagnostics investigations, and consultation and referral	30 hours
Registered nurse and midwife with scheduled medicines endorsement	Registered nurse or enrolled nurse – 20 hours Midwife – 20 hours Scheduled medicines endorsement –10 additional hours relating to context of practice, prescribing and administration of medicines, diagnostics investigations, consultation, and referral	30 hours

(Adapted from NMBA, 2016a [updated 2022]).

Appendix 4: Sample of legislative, Mandatory and Requisite Training Register

[Australian Commission on Safety & Quality in Health Care \(ACSQHC\) National Safety & Quality Health Service \(NSQHS\) Standards](#)

	Standard 1	Clinical Governance
	Standard 2	Partnering with Consumers
	Standard 3	Preventing and Controlling Infection
	Standard 4	Medication Safety
	Standard 5	Comprehensive Care
	Standard 6	Communicating for Safety
	Standard 7	Blood Management
	Standard 8	Recognising and Responding to Acute Deterioration

LEGISLATIVE	Training required by Law
MANDATORY	Training not necessarily required by Law but which has been identified by the HHS as mandatory/compulsory for staff or required by relevant directives.
REQUISITE	Training required for specific groups of staff to enable them to perform their role to meet professional and local service requirements
UPSKILLING	Any training or education that provides a participant with a new or additional knowledge or skills to enhance workforce capacity and capability (Excludes Legislative, Mandatory or Requisite Skills)

Legislative, Mandatory, Requisite and Upskilling Training Categories are determined at a HHS/Facility level as endorsed by the relevant governance committee.

Nursing and midwifery staff are to comply with the requirements outlined in the relevant 'HHS/Facility Legislative and Mandatory Training' policy/procedure. Information regarding legislative and mandatory training, and orientation is available on the HHS/Facility intranet page.

The Skills Register is intended to supplement the HHS/Facility policy/procedure and guide nursing and midwifery managers and staff to determine the range of training requirements for staff classification to meet service delivery needs.

Training is to be entered into the respective HHS/Facility training database to enable monitoring and management of training compliance,

All risks must be managed according to the HHS/Facility Risk Management Framework. The use of a Risk Analysis Matrix is mandatory when assessing and communicating risks to Executive and Senior Management within the HHS/Facility.

LEGISLATIVE: Training required to comply with legislation or Acts

Local reporting processes & relevant filing/documentation into individual's Performance & Development Planning (PDP) file.

Skill	Training / Assessment Frequency	ND / AND	NP	NO7 (NUM, NM, CNC, NR, NE)	CN, CF / CT	RN / Midwife	ENAP	EN	USIN/M	AIN
First Response Evacuation Instruction (FREI)	Induction & Annual	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
General Evacuation Instruction (GEI)	Induction & Annual	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Emergency Control Organisation (ECO) - Warden Training	Induction & Annual	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess

MANDATORY – Training which has been identified by MN Health as mandatory / compulsory for staff in alignment with policy or required by relevant directive.

Local reporting processes & relevant filing/documentation into individual's Performance & Development Planning (PDP) file.

Skill	Training / Assessment Frequency	ND / AND	NP	NO7 (NUM, NM, CNC, NR, NE)	CN, CF / CT	RN / Midwife	ENAP	EN	USIN/M	AIN
Aboriginal & Torres Strait Islander Cultural Practice Orientation	Induction only & further training based on Risk Assessment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Australian Charter of Healthcare Rights	Induction & Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Code of Conduct <ul style="list-style-type: none"> Code of Conduct (All staff) Code of Conduct for Managers 	Induction & Annual Induction & Annual	Yes Yes	Yes Yes	Yes Yes	Yes Risk Assess	Yes N/A	Yes N/A	Yes N/A	Yes N/A	Yes N/A
Cyber Security Essentials	Induction & Annual	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Domestic & Family Violence (DFV) - Recognise, Respond, Refer	Induction & renewal every 3 years	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fraud Control Awareness	Induction & Biennial (every 2yrs)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Infection Control Awareness (incorporating Hand Hygiene)	Induction (once only)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MN Health (All Staff) Orientation	Induction (once only)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Occupational Violence Prevention (OVP) - Conflict & Challenging Behavioural Awareness	Induction (once only)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
P2/N95 Mask Fit Testing	Induction & Annual	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

MANDATORY – Training which has been identified by MN Health as mandatory / compulsory for staff in alignment with policy or required by relevant directive.
Local reporting processes & relevant filing/documentation into individual's Performance & Development Planning (PDP) file.

Skill	Training / Assessment Frequency	ND / AND	NP	NO7 (NUM, NM, CNC, NR, NE)	CN, CF / CT	RN / Midwife	ENAP	EN	USIN/M	AIN
PDP Completion	Induction & Annual with annual cycle	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prevention & Management of Musculoskeletal Disorders (MSD)	Induction (once only)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Public Interest Disclosure (PID) training	Induction & Biennial (every 2yrs)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
SaFE - Child Safety Awareness	Induction & Annual	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Work Health, Safety & Wellbeing Induction	Induction & Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Work Health, Safety, & Wellbeing for Managers	Induction (once only)	Yes	Yes	Yes	Risk Assess	N/A	N/A	N/A	N/A	N/A

REQUISITE - Training required for specific groups of staff to enable them to perform their role to meet professional & local service requirements
Local reporting processes & relevant filing/documentation into individual's Performance & Development Planning (PDP) file.

Skill	Training / Assessment Frequency	ND / AND	NP	NO7 (NUM, NM, CNC, NR, NE)	CN, CF / CT	RN / Midwife	ENAP	EN	USINM	AIN
Advanced Life Support (ALS) - Adult	Annual Appraisal based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	N/A	N/A	N/A	N/A
Advanced Life Support (ALS) - Paediatric	Annual Appraisal based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	N/A	N/A	N/A	N/A
Aseptic Technique	Induction (once only) based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	N/A	N/A
Basic Life Support (BLS) - Adult	Induction & Annual	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic Life Support (BLS) - Paediatric	Induction & Annual based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess
BloodSafe® - Haemovigilance & Management <u>Minimum standard</u> <ul style="list-style-type: none"> Clinical Transfusion Practice Collecting Blood Specimens Transporting Blood <u>Additional BloodSafe® courses</u> <ul style="list-style-type: none"> Acute Care & Surgical Iron Deficiency Anaemia Medical & Specialties Neonates & Paediatrics Obstetrics 	Biennial based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess

REQUISITE - Training required for specific groups of staff to enable them to perform their role to meet professional & local service requirements
Local reporting processes & relevant filing/documentation into individual's Performance & Development Planning (PDP) file.

Skill	Training / Assessment Frequency	ND / AND	NP	NO7 (NUM, NM, CNC, NR, NE)	CN, CF / CT	RN / Midwife	ENAP	EN	USINM	AIN
• Patient Blood Management										
Catheter-associated Urinary Tract Infection (CAUTI)	Once only based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess
Central Venous Access Device (CVAD) Management		Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	N/A	N/A	N/A	N/A
Communication & Customer Service (Clinical)	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<u>Cytotoxic Safety – Antineoplastic Drug Administration Courses (ADAC)</u> • Category 1: Handling antineoplastic drugs & related waste safely	Induction (once only) based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess
• Category 2: Antineoplastic Drug Administration for the Non-Cancer Setting	Annual Appraisal based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	N/A	N/A	N/A
• Category 3: Antineoplastic Drug Administration Course	Annual Appraisal based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	N/A	N/A	N/A
Falls Prevention Awareness	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hazardous Chemical Safety	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Manual Tasks - Computer Use specific training	Annual Appraisal based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess
Manual Tasks - Manual Handling	Annual Appraisal based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess
<u>Medication Safety</u> • Medication Awareness • Medication Administration Practical • Medication Calculation Assessment	Induction & based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess
Neonatal Resuscitation – First Response	Induction & Annual based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess
Neonatal Resuscitation - Advanced	Annual based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	N/A	N/A	N/A	N/A
Nursing & Midwifery Orientation Program	Induction & based on Risk Assessment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Occupational Violence Prevention (OVP) • Conflict Management • Disengagement • Holding	Induction & Biennial based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess

REQUISITE - Training required for specific groups of staff to enable them to perform their role to meet professional & local service requirements
Local reporting processes & relevant filing/documentation into individual's Performance & Development Planning (PDP) file.

Skill	Training / Assessment Frequency	ND / AND	NP	NO7 (NUM, NM, CNC, NR, NE)	CN, CF / CT	RN / Midwife	ENAP	EN	USINM	AIN
• Safer Lone Working										
Patient Assessment	Annual Appraisal Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	N/A	N/A	N/A	N/A
Patient Handling	Annual Appraisal based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Yes	Yes	Yes	Yes	Yes	Risk Assess
Peripheral Intravenous Cannulation (PIVC)	Annual Appraisal based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	N/A	N/A
Pressure Injury Prevention Awareness	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Risk Management	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Venepuncture	Annual Appraisal based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	N/A	N/A
Waste Management	Annual Peer Review within PDP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
COVID-19-specific Requisites										
COVID-19 PPE	Induction to COVID-19 care & Annual based on Risk Assessment	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess
COVID-19 Swabbing Techniques	Induction to COVID-19 care & Peer Review within PDP	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	N/A
COVID-19 Vaccination	Induction to COVID-19 care & Peer Review within PDP	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	Risk Assess	N/A
Maternity-specific Requisites										
Fetal Monitoring	Induction & Annual based on Risk Assessment	Risk Assess	Yes	Risk Assess	Yes	Yes	N/A	N/A	N/A	N/A
Maternity Emergency Training	Induction & Annual based on Risk Assessment	Risk Assess	Yes	Risk Assess	Yes	Yes	N/A	N/A	N/A	N/A

Appendix 5: Recommended AQF Levels for Nursing and Midwifery Classifications



AQF levels and the AQF levels criteria are an indication of the relative complexity and/or depth of achievement and the autonomy required to demonstrate that achievement. The AQF level summaries are statements of the typical achievement of graduates who have been awarded a qualification at a certain level in the AQF.

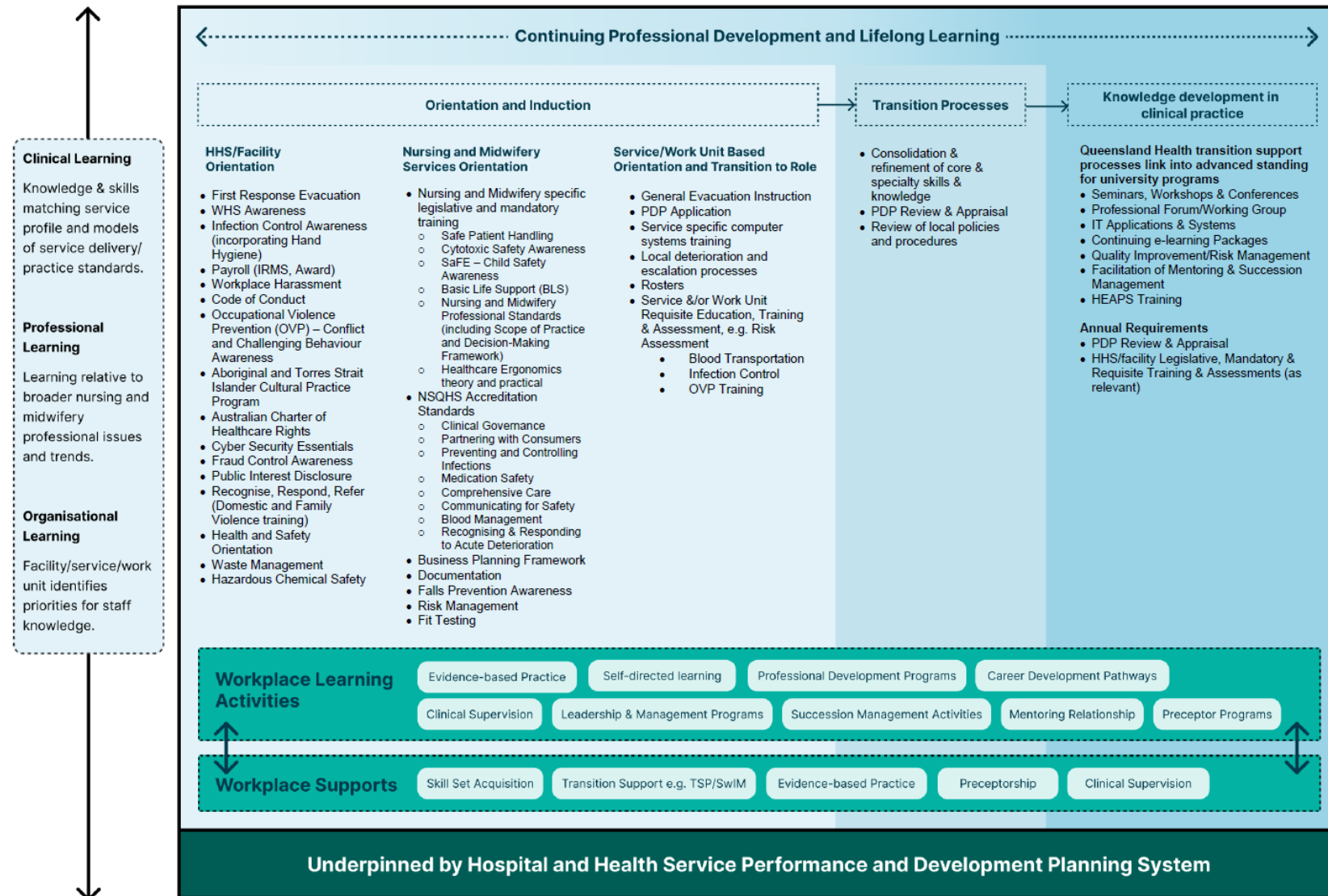
Nursing and Midwifery Classification	Recommended AQF Level	AQF Level Summary	AQF Qualification Type
Grade 1 Band 1 Assistant in Nursing	Completion of a suitable program of study at AQF Level 3 is desirable.	Graduates at this level will have theoretical and practical knowledge and skills for work and/or further learning.	Certificate III
Grade 1 Band 2 Assistant in Nursing (Sterilisation Services)			
Grade 3 Enrolled Nurse	Completion of a suitable program of study at AQF Level 5 is mandatory to facilitate achievement of role expectations. The graduate outcomes of the chosen program of study are incorporated & aligned to practice to further facilitate career pathway progression.	Graduates at this level will have specialised knowledge and skills for skilled/ paraprofessional work and/or further learning.	Diploma
Grade 4 Enrolled Nurse Advanced Skills	Completion of a suitable program of study at AQF Level 5 is mandatory. Additionally, it is highly desirable that an AQF Level 6 program is undertaken to facilitate achievement of role expectations & graduate outcomes of the chosen program of study are incorporated & aligned to practice to further facilitate career pathway progression.	Graduates at this level will have broad knowledge and skills for paraprofessional/ highly skilled work and/or further learning.	Advanced Diploma Associate Degree
Grade 5 Registered Nurse/Midwife	It is required that a suitable program of study at AQF 7 is undertaken to facilitate achievement of role expectations & graduate outcomes of the chosen program of study are incorporated & aligned to practice to further facilitate career pathway progression.	Graduates at this level will have broad and coherent knowledge and skills for professional work and/or further learning.	Bachelor Degree
Grade 6 Band 1 Clinical Nurse/Midwife	It is highly desirable that exploration of a suitable program of study at AQF level 8 is undertaken to facilitate achievement of role expectations & graduate outcomes of the chosen program of study are incorporated & aligned to practice to further facilitate career pathway progression.	Graduates at this level will have advanced knowledge and skills for professional/highly skilled work and/or further learning.	Bachelor Honours Degree Postgraduate Certificate Graduate Diploma
Grade 6 Band 2 <ul style="list-style-type: none"> Associate Clinical Nurse/Midwife Consultant Associate Nurse/Midwife Unit Manager Associate Nurse/Midwife Manager Associate Nurse/Midwife Educator Associate Nurse/Midwife Researcher 			

Nursing and Midwifery Classification	Recommended AQF Level	AQF Level Summary	AQF Qualification Type
Grade 7 <ul style="list-style-type: none"> Clinical Nurse/Midwifery Consultant Nurse/Midwifery Educator Nurse/Midwifery Unit Manager Nurse/Midwifery Manager Nurse/Midwifery Navigator Project Manager Nurse/Midwifery Researcher Nurse/Midwifery Manager (Business Planning Framework) 	<p>It is highly desirable that exploration of a suitable program of study at AQF level 8 or AQF 9 level is undertaken to facilitate achievement of role expectations & graduate outcomes of the chosen program of study are incorporated & aligned to practice to further facilitate career pathway progression.</p>	<p>AQF 8 graduates at this level will have advanced knowledge and skills for professional/highly skilled work and/or further learning</p> <p>Graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning</p>	Postgraduate Diploma
			Masters Degree
Grade 8 Nurse Practitioner	<p>AQF 9 level is undertaken to facilitate achievement of role expectations & graduate outcomes of the chosen program of study are incorporated & aligned to practice to further facilitate career pathway progression.</p>	<p>Graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning.</p>	Masters Degree
Grade 9 Director of Nursing – Rural &/or Remote	<p>It is highly desirable that exploration of a suitable program of study at AQF level 8 or AQF 9 level is undertaken to facilitate achievement of role expectations & graduate outcomes of the chosen program of study are incorporated & aligned to practice to further facilitate career pathway progression.</p>	<p>AQF level 8 graduates at this level will have advanced knowledge and skills for professional/highly skilled work and/or further learning.</p> <p>AQF level 9 graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning.</p>	Postgraduate Diploma
			Masters Degree
Grade 10 Assistant Director of Nursing (ADON)	<p>It is highly desirable that exploration of a suitable program of study at AQF level 8 or AQF 9 level is undertaken to facilitate achievement of role expectations & graduate outcomes of the chosen program of study are incorporated & aligned to practice to further facilitate career pathway progression.</p>	<p>AQF level 8 graduates at this level will have advanced knowledge and skills for professional/highly skilled work and/or further learning.</p> <p>AQF level 9 graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning.</p>	Postgraduate Diploma
			Masters Degree

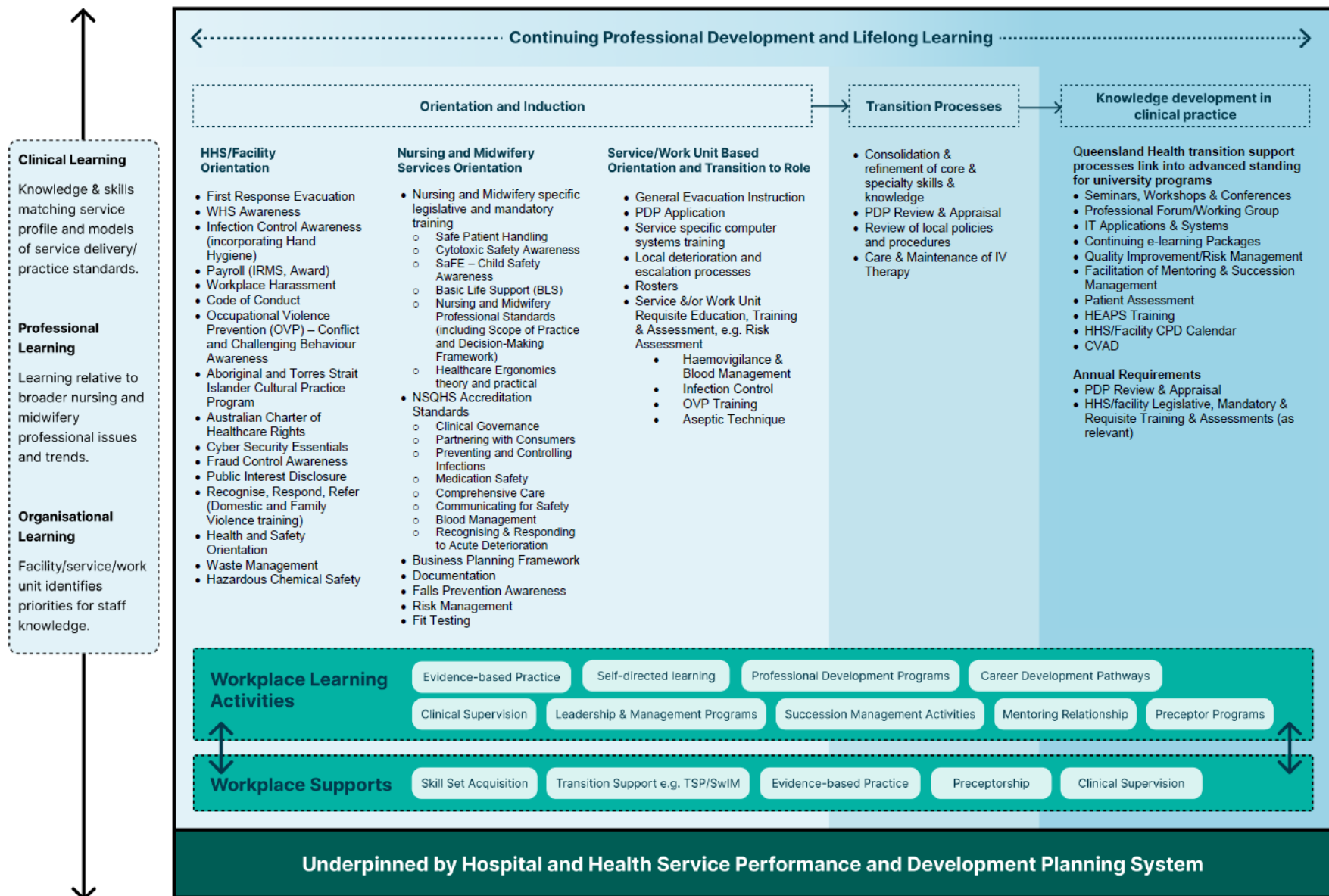
Nursing and Midwifery Classification	Recommended AQF Level	AQF Level Summary	AQF Qualification Type
Grade 11 Director of Nursing (Program or Portfolio)	It is highly desirable that exploration of a suitable program of study at AQF level 9 is undertaken to facilitate achievement of role expectations & graduate outcomes of the chosen program of study are incorporated & aligned to practice to further facilitate career pathway progression.	AQF level 9 graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning.	Masters Degree
Grade 12 Director of Nursing (Facility, Program or Portfolio) or Nursing Director	It is extremely desirable that a suitable program of study at AQF level 9 or AQF level 10 is undertaken to facilitate achievement of role expectations & graduate outcomes of the chosen program of study are incorporated & aligned to practice to further facilitate career pathway progression.	AQF level 9 graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning. AQF level 10 graduates at this level will have systematic and critical understanding of a complex field of learning and specialised research skills for the advancement of learning and/or for professional practice.	Masters Degree
			Doctoral Degree
Grade 13 Band 1 Health Service Director of Nursing or Executive Director of Nursing and Midwifery	It is extremely desirable that a suitable program of study at AQF level 9 or AQF level 10 is undertaken to facilitate achievement of role expectations & graduate outcomes of the chosen program of study are incorporated & aligned to practice to further facilitate career pathway progression.	AQF level 9 graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning. AQF level 10 graduates at this level will have systematic and critical understanding of a complex field of learning and specialised research skills for the advancement of learning and/or for professional practice.	Masters Degree
			Doctoral Degree
Grade 13 Band 2 Executive Director of Nursing and Midwifery	It is extremely desirable that a suitable program of study at AQF level 9 or AQF level 10 is undertaken to facilitate achievement of role expectations & graduate outcomes of the chosen program of study are incorporated & aligned to practice to further facilitate career pathway progression.	AQF level 9 graduates at this level will have specialised knowledge and skills for research, and/or professional practice and/or further learning. AQF level 10 graduates at this level will have systematic and critical understanding of a complex field of learning and specialised research skills for the advancement of learning and/or for professional practice.	Masters Degree
			Doctoral Degree

Appendix 6: Examples of Work Unit Development Maps

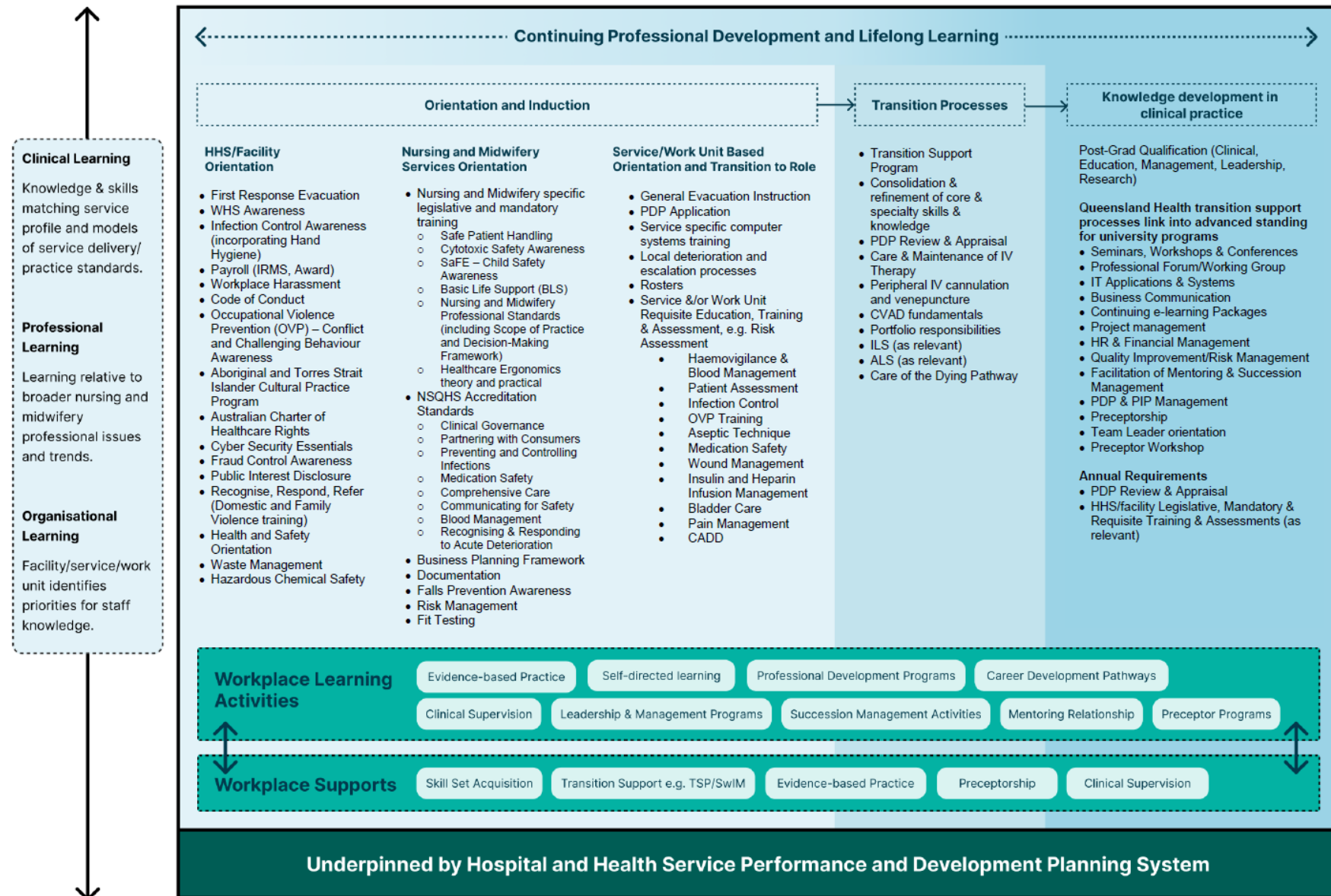
Sample of a Work Unit Development Map (Assistant in Nursing)



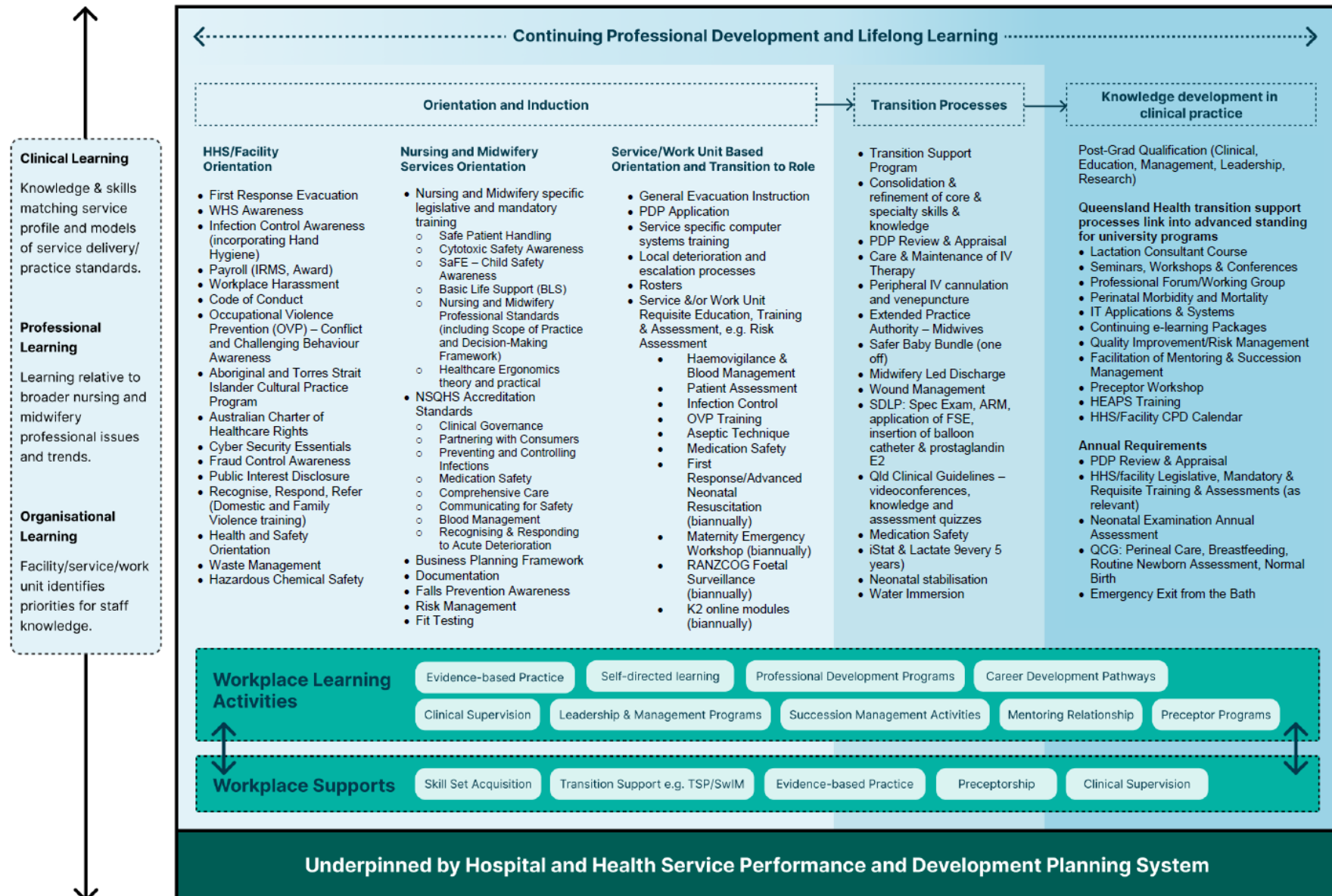
Sample of a Work Unit Development Map (Enrolled Nurse)



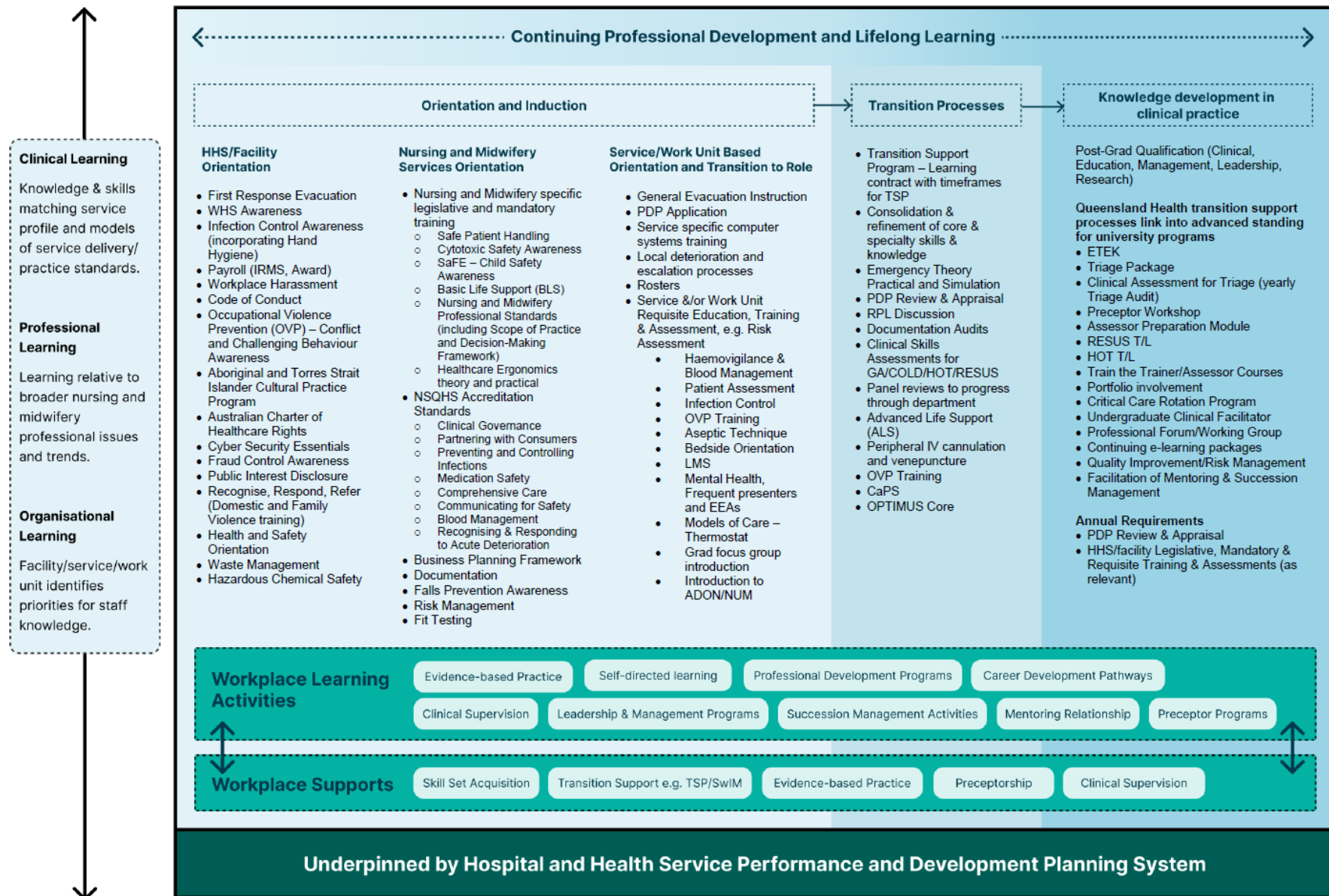
Sample of a Work Unit Development Map (New Graduate Registered Nurse)



Sample of a Work Unit Development Map (Midwife)



Sample of a Work Unit Development Map (Critical Care [Emergency Department] Registered Nurse)



References

- Abu-Qamar, M., Vafeas, C., Ewens, B., Ghosh, M. & Sundin, D. (2020). Postgraduate nurse education and the implications for nurse and patient outcomes: A systematic review. *Nurse Education Today*. 92, 104489. <https://doi.org/10.1016/j.nedt.2020.104489>
- Ackerman, M., Norsen, L., Martin, B., Wiedrich, J. & Kitzman, H. (1996). Development of a model of advanced practice. *American Journal of Critical Care*, 5: 68-73.
- Alden, K. & Durham, C. (2012). Integrating reflection in simulation: structure, content, and process. In G. Sherwood, & S. Horton-Deutsch (Ed.), *Reflective Practice: Transforming Education and Improving Outcomes* (pp. 149-168). Indianapolis, US: Sigma Theta Tau International.
- ALFadhalah, T. & Elamir, H. (2021). Organizational Culture, Quality of Care and Leadership Style in Government General Hospitals in Kuwait: A Multimethod Study. *Journal of Healthcare Leadership*. 13:243-254. Doi: 10.2147/JHL.S333933.
- Ali, Z., Mahmood, B. & Mehreen, A. (2019). Linking succession planning to employee performance: The mediating roles of career development and performance appraisal. *Australian Journal of Career Development*. 28 (2), 112-121. DOI: 10.1177/1038416219830419.
- Allen, L., Hay, M. & Palermo, C. (2021). Evaluation in health professions education – Is measuring outcomes enough? *Med Educ*. 2022; 56: pp127 – 136. Retrieved from: [Evaluation in health professions education—Is measuring outcomes enough?: CKN Discovery \(ebscohost.com\)](https://www.ebscohost.com/evaluation-in-health-professions-education-is-measuring-outcomes-enough?).
- Alonso, N., Porter, C., Graves, K. & Gordon, M. (2022). How nurse preceptors provide help to new nurses influences perceived relationship quality. *Nurse Education Today*. Vol 115, 105420. <https://doi.org/10.1016/j.nedt.2022.105420>
- Alsalamah, A. & Callinan, C. (2021). Adaptation of Kirkpatrick's Four-Level Model of Training Criteria to Evaluate Training Programmes for Head Teachers. *Education Sciences*, 11.
- Alsalamah, A. & Callinan, C. (2022). The Kirkpatrick model for training evaluation: bibliometric analysis after 60 years (1959 – 2020). *Industrial and Commercial Training Vol. 54 NO. 1, pp. 36-63*. Emerald Publishing Limited. Doi 10.1108/ICT-12-2020-0115.
- Anderson, V. (2007). The Value of Learning: A New Model of Value and Evaluation. Chartered Institute of Personnel and Development. Retrieved from: <https://www.voced.edu.au/content/ngv%3A7127>
- Andriotis, N. (2019). How to evaluate a training program: The definitive guide to techniques & tools. Retrieved from: [How to Evaluate Training - Criteria, Methods & Tools for 2021 \(talentlms.com\)](https://www.talentlms.com/how-to-evaluate-training-criteria-methods-tools-for-2021).
- Anggeria, E. & Damanik, D. (2022). Effective Clinical Supervision in Nursing: Systematic Review. *Journal of Medical Sciences*. 10 (F), 525-530. <https://doi.org/10.3889/oamjms.2022.9672>
- Antonacopoulou, E., Moldjord, C., Steiro, T. & Stokkeland, C. (2019). The New Learning Organisation: PART I – Institutional Reflexivity, High Agility Organising and Learning Leadership", *The Learning Organization*, 26 (3), 304-318. <https://doi.org/10.1108/TLO-10-2018-0159>
- Arnold, J. (2016). *Coaching Skills for Leaders in the Workplace: How to unlock potential and maximise performance*. London, UK: Little Brown Book Group.
- Ashurst, A. (2020). Developing an excellent induction programme for international nurses. *Nursing & Residential Care*. 22 (1). 56-58.
- Association of Queensland Nursing and Midwifery Leaders (AQNML). (2013). *AQNML Mentoring Framework and Toolkit*. Brisbane, QLD: AQNML. Retrieved from: <https://www.aqnml.org.au/mentor-program>
- Ates, H. & Alsai, K. (2012). The Importance of Lifelong Learning has been Increasing. *Procedia - Social and Behavioral Sciences*. 46. 4092-4096. doi: 10.1016/j.sbspro.2012.06.205.
- Attenborough, J., Abbott, S., Brook, J. & Knight, R. (2019). Everywhere and nowhere: Work-based learning in

- healthcare education. *Nurse Education in Practice*. 36, 32-138. doi: 10.1016/j.nepr.2019.03.004.
- Ausmed. (2022). *New Nursing Roles that Will Emerge Post-Pandemic*. Retrieved from Ausmed website "The Handover" on 06/04/2023 at: <https://www.ausmed.com.au/publish/handover/articles/nursing-roles-post-pandemic>
- Australian Clinical Supervision Association (ACSA). (2023). *Definitions of Clinical Supervision*. Brisbane, QLD: ACSA. Retrieved from: <https://clinicalsupervision.org.au/about/>
- Australian College of Nursing. (2017). *Credit Transfer and Recognition of Prior Learning Information/Application Package*. Australian College of Nursing. Retrieved from: <https://www.acn.edu.au/wp-content/uploads/2018/05/FM-E.1.3-ED046-Credit-Transfer-and-RPL-information-package-and-Application-form.pdf>
- Australian College of Nursing (ACN). (2019). *A New Horizon for Health Services: Optimising Advanced Practice Nursing – A White Paper by ACN 2019*. ACN: Canberra.
- Australian College of Perioperative Nurses (ACORN). (2020). *ACORN Standards for Perioperative Nursing in Australia* (16th ed.), volumes 1 & 2. Lyndoch, South Australia: ACORN. Retrieved from: <http://www.acorn.org.au/standards/shop/>.
- Australian College of Critical Care Nurses (ACCCN). (2015). *ACCCN Practice Standards for Critical Care Nurses* (3rd ed.). Retrieved from: <https://www.acccn.com.au/shop/student-publications/practice-standards-201544>
- Australian College of Mental Health Nurses (ACMHN). (2010). *Standards of Practice in Mental Health Nursing*. Deakin West, ACT: ACMHN. Retrieved from: https://acmhn.org/wp-content/uploads/2021/10/standards_2010_web.pdf
- Australian College of Midwives, Australian College of Nursing & The Australian College of Mental Health Nurses inc. (2019). *Position Statement: Clinical Supervision for Nurses and Midwives: Background Paper*. Retrieved from: <https://www.acn.edu.au/wp-content/uploads/clinical-supervision-nurses-midwives-position-statement-background-paper.pdf>
- Australian College of Nursing (ACN). (2023). *Refresher programs*. Australian College of Nursing website. Retrieved 03/05/2023 from: <https://www.acn.edu.au/refresher-programs>
- Australian Commission on Safety and Quality in Health Care (ACSQHC). (2020). *Communicating for Safety: Improving clinical communication, collaboration and teamwork in Australian health services*. Australian Commission on Safety and Quality in Health Care: Sydney, NSW, Retrieved from: https://www.safetyandquality.gov.au/sites/default/files/2020-12/final_scoping_paper_-_improving_communication_collaboration_and_teamwork_in_australian_health_services_-_june_2020.pdf
- Australian Commission on Safety and Quality in Health Care (ACSQHC). (2021). *National Safety and Quality Health Service (NSQHS) Standards* (2nd ed.). Sydney: NSW: ACSQHC. Retrieved from: https://www.safetyandquality.gov.au/sites/default/files/2021-05/national_safety_and_quality_health_service_nsqhs_standards_second_edition_-_updated_may_2021.pdf
- Australian Government. (n.d.). *Recognition of Prior Learning*. Australian Skills Quality Authority. Retrieved 05/04/2023 from: <https://www.asqa.gov.au/guidance-resources/resources-providers/faqs/recognition-prior-learning-rpl>
- Australian Government. (2010). *National Standards for Mental Health Services*. Canberra: Commonwealth of Australia. Retrieved from: [http://www.health.gov.au/internet/main/publishing.nsf/content/CFA833CB8C1AA178CA257BF0001E7520/\\$File/servst10v2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/CFA833CB8C1AA178CA257BF0001E7520/$File/servst10v2.pdf)
- Australian Government. (2015). *Australian Skills Quality Authority RTO Standards Guide*. Retrieved from: <https://www.asqa.gov.au/rtos/users-guide-standards-rtos-2015/chapter-4-training-and-assessment/clauses-18-112-conduct-effective-assessment>

- Australian Government. (2019). *Guidance note: Credit and recognition of prior learning*. Tertiary Education and Quality Standards Agency (TEQSA). Retrieved 24/04/2023 from: <https://www.teqsa.gov.au/guides-resources/resources/guidance-notes/guidance-note-credit-and-recognition-prior-learning>
- Australian Government. (2020). *2020-2025 National Health Reform Agreement (NHRA)*. Department of Health and Aged Care. Retrieved from: https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-07/NHRA_2020-25_Addendum_consolidated.pdf
- Australian Government. (2022) *Dashboard, Nursing and Midwifery Dashboards (Factsheet Selector Dashboard)*. Department of Health and Aged Care. Accessed 4th April 2023 from: <https://hwd.health.gov.au/resources/dashboards/nhwds-nursing-factsheets.html>
- Australian Government. (2023a). *The National Rural and Remote Nursing Generalist Framework 2023-2027*. Office of the National Rural Health Commissioner. Retrieved from: <https://www.health.gov.au/sites/default/files/2023-03/the-national-rural-and-remote-nursing-generalist-framework-2023-2027.pdf>
- Australian Government. (2023b). *National Nursing Workforce Strategy*. Department of Health and Aged Care. Retrieved from: <https://www.health.gov.au/our-work/national-nursing-workforce-strategy>
- Australian Health Practitioner Regulation Agency (Ahpra). (2013a). *Fact Sheet for Students: Student registration*. Brisbane: Queensland. Retrieved from: <https://www.ahpra.gov.au/documents/default.aspx?record=WD10%2f4289%5Bv10%5D&dbid=AP&chksum=K1Nq0UInglCb98%2bWMsVxt2R8HmzPOf%2fn%2f4qecX6gFUuI%3d>
- Australian Health Practitioner Regulation Agency (Ahpra). (2013b). *Fact Sheet for education providers: Student registration*. Brisbane: Queensland. Retrieved from: <https://www.ahpra.gov.au/documents/default.aspx?record=WD11%2f4621&dbid=AP&chksum=P4kUvADG3u2W6aWuweQo6A%3d%3d>
- Australian Human Resources Institute. (2018a). *Learning and Development*. Retrieved from: <https://www.ahri.com.au/assist/learning-and-development>
- Australian Human Resources Institute. (2018b). *Organisational Development*. Retrieved from: <https://www.ahri.com.au/assist/organisational-development>
- Australian Nursing & Midwifery Federation (ANMF). (2014). *ANMF Professional Paper – Is it advanced or expanded practice?* Retrieved from: <http://anmf.org.au/pages/professional-july-2014>
- Australian Primary Health Care Nurses Association (APNA). (2022). 2022 Pre-budget Submission: Strong Solutions for a Healthier Australia. *Australian Government Treasury: Sites*. Retrieved 06/04/2023 from: https://treasury.gov.au/sites/default/files/2022-03/258735_australian_primary_health_care_nurses_association.pdf
- Australian Qualification Framework Council. (2013). *Australian Qualifications Council (2nd ed.)*. Retrieved from <https://www.aqf.edu.au/sites/aqf/files/aqf-2nd-edition-january-2013.pdf>.
- Azemian, A., Ebadi, A. and Afshar, L. (2021). "Redefining the concept of professionalism in nursing: an integrative review" *Frontiers of Nursing*. 8 (4), 327-340. <https://doi.org/10.2478/fon-2021-0033>
- Bandura, R. & Lyons, P. (2017). Coaching to enhance self-regulated learning. *Human Resource Management International Digest*, 25(4): 3-6. <https://doi.org/10.1108/HRMID-01-2017-0018>
- Baraz, S. Memarian, R. & Vanaki, Z. (2015). Learning challenges of nursing students in clinical environments: A qualitative study in Iran. *Journal of Education and Health Promotion*, 4: 52. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4579762/>
- Barchard, F. (2022). Exploring the role of reflection in nurse education and practice. *Nursing Standard*. 37(6), 45-49. DOI: 10.7748/ns.2022.e11605.
- Barnes, N., du Plessis, M. & Frantz, J. (2022). Career Competencies for Academic Career Progression: Experiences of Academics at a South African University. *Frontiers in Education*. Vol. 7.

- <https://doi.org/10.3389/feduc.2022.814842>
- Bass, J., Sidebotham, M., Creedy, D. & Sweet, L. (2020). Exploring the needs and experiences of educators in facilitating use of the Bass Model of Holistic Reflection. *Nurse Education in Practice*. 46, 102805-102811. <https://doi.org/10.1016/j.nepr.2020.102805>
- Bastable, S. & Myers, G. (2023). Developmental Stages of the Learner. In Bastable S. B. (6th Eds.), *Nurse as Educator, Principles of Teaching and Learning for Nursing Practice* (pp. 181-223). Jones & Bartlett Learning.
- Bastable, S. & Capacci, N. (2023). Behavioural Objectives and Teaching Plans. In Bastable S. B. (6th Eds.), *Nurse as Educator, Principles of Teaching and Learning for Nursing Practice* (pp. 441-478). Jones & Bartlett Learning.
- Becker, K. & Bish, A. (2021). A framework for understanding the role of unlearning in onboarding. *Human Resource Management Review*. 31 (1), 100730. <https://doi.org/10.1016/j.hrmr.2019.100730>
- Behrendt, P., Matz, S. & Göritz, A. (2017). An integrative model of leadership behavior. *The Leadership Quarterly*. 28 (1), 229-244. Retrieved from: <https://www.sciencedirect.com/science/article/pii/S1048984316300479>
- Bengtsson, M. & Carlson, E. (2015). Knowledge and skills needed to improve as preceptor: Development of a continuous professional development course – A qualitative study Part 1. *BMC Nursing*, 14(51): 1-7.
- Bersin by Deloitte. (2014). *Bersin by Deloitte Research: Effective Succession Management Tied to Strong Employee Engagement and Retention*. New York, NY: Deloitte Consulting LLP. Retrieved from: <https://www.prnewswire.com/news-releases/bersin-by-deloitte-research-effective-succession-management-tied-to-strong-employee-engagement-and-retention-282547151.html>
- Besner, J., Doran, S., McGillis Hall, L., Giovanetti, P., Girard, F., Hill, W., Morrison, J. & Watson, L. (2005). A Systematic Approach to Maximizing Nursing Scopes of Practice. Ottawa: Canadian Institute of Health Research. Retrieved from: http://www.cfhi-fcass.ca/Migrated/PDF/ResearchReports/OGC/besner_final.pdf
- Bifarin, O. & Stonehouse, D. (2017). Clinical Supervision: an important part of every nurse's practice. *British Journal of Nursing*, 26(6): 331-335. Retrieved from: <http://web.a.ebscohost.com.ezproxy.scu.edu.au/ehost/pdfviewer/pdfviewer?vid=3&sid=c5e5dfbf-6921-4371-a45d-42a6b142a6b1%40sessionmgr4009>
- Billett, S. (2004). Workplace participatory practices: Conceptualising workplaces as learning environments. *Journal of Workplace Learning*, 16 (6), 312-324. doi: 10.1108/13665620410550295
- Billett, S. (2016). Learning through health care work: premises, contributions and practices. *Medical Education*, 50(1): 124-131. doi: 10.1111/medu.12848.
- Blass, T., McFee, R., Hunt, D., Francone, M., Nguyen, S., Vermillion, G., Canamar, C. & Sarff, L. (2023). Assessing the Effectiveness Between Nurse Educator and Clinical Coach Critical Care Training Programs for New Graduate Nurses in the ICU. *JONA: The Journal of Nursing Administration*, 53 (1), 57-62. doi: 10.1097/NNA.0000000000001242.
- Bohlinger, S. (2017). Comparing Recognition of Prior Learning (RPL) across Countries Chapter 27 in Mulder, M (ed.), *Competence-based Vocational and Professional Education, Technical and Vocational Education and Training: Issues, Concerns and Prospects*. Springer International, Switzerland.
- Bolman, L. & Deal, T. (2021). *Reframing organizations: artistry, choice, and leadership* (7th ed.). Hoboken, NJ: Jossey-Bass.
- Bond University. (2018). *Academic Coaching Workshops: Coaching @ Bond*. Robina, QLD: Bond University. Retrieved from: <https://bond.edu.au/files/2997/Coaching%40Bond%20Handbook.pdf>
- Booker, C. (2011). *An exploration of factors that influence end of career nurses' decision making regarding their workforce participation*. Submitted in fulfilment of the requirement of the degree of Doctor of Philosophy School of Educational Leadership, Faculty of Education Australian Catholic University Brisbane, Australia. Retrieved from: <http://researchbank.acu.edu.au/cgi/viewcontent.cgi?article=1383&context=theses>

- Booker, C., Turbutt, A. & Fox, R. (2016). Model of care for a changing healthcare system: are there foundational pillars for design? *Australian Health Review*, 40(2), 136–140. doi: 10.1071/AH14173. Retrieved from: <http://www.publish.csiro.au/ah/pdf/AH14173>
- Bowen, A., Fox, R. & Burridge, C. (2012). Preceptorship – Making A Difference. *Journal of Nurses' Staff Development*, 28(2), E12 – 5.
- Brewer, A. (2016). *Mentoring from a Positive Psychology Perspective*. Geneva, Switzerland: Springer International Publishing. doi: 10.1007/978-3-319-40983-2_2
- Bridges, R., Herrin, D., Swart, T., McConnell, M. & Toma, M. (2014). Creating an Innovative Educational Structure to Support Best Practice Among Novice Nurses. *The Journal of Continuing Education in Nursing*, 45(2), 60-64. Retrieved from: <https://search-proquest-com.ezproxy.scu.edu.au/docview/1494036902/fulltextPDF/91567C9105EE4B56PQ/6?accountid=16926>
- Brown, M. (2018). Developing a midwifery career framework. *Women and Birth: Journal of the Australian College of Midwives*. 31 (s1), s51. Elsevier. <https://doi.org/10.1016/j.wombi.2018.08.152>
- Cahapay, M. (2021). Kirkpatrick Model: Its Limitations as Used in Higher Education Evaluation. *International Journal of Assessment Tools in Education*. 2021, vol. 8, No. 1, pp135 – 144.
- Calo, T. (2008). Talent Management in the Era of the Aging Workforce: The Critical Role of Knowledge Transfer, *Public Personnel Management*, 37(4), 403-416.
- Campbell, E. (2022). *101 career myths debunked: the ultimate career planning workbook*. (pp.2). Routledge, Taylor & Francis Group.
- Çamveren, H., Arslan Yürümezoğlu, H. & Kocaman, G. (2020) Why do young nurses leave their organization? A qualitative descriptive study. *International Nursing Review*. 67 (4), 519-528. <https://doi.org/10.1111/inr.12633>
- Carlson, E., Pilhammar, E. & Wann-Hansson, C. (2010). Time to precept: Supportive and limiting conditions for precepting nurses. *Journal of Advanced Nursing*, 66: 432-441.
- Carter, A., Wilkes, E., Gamble, J., Sidebotham, M. & Creedy, D. (2015). Midwifery students' experiences of an innovative clinical placement model embedded within midwifery continuity of care in Australia. *Midwifery* 31:765–771. doi.org/10.1016/j.midw.2015.04.006
- Carter, J., Sidebotham, M. & Dietsch, E. (2022). Prepared and motivated to work in midwifery continuity of care? A descriptive analysis of midwifery students' perspectives. *Women and Birth*. 35, 160–171. <http://dx.doi.org/10.1016/j.wombi.2021.03.013>
- Carter, V. (2022). Can restorative clinical supervision positively impact the psychological safety of midwives and nurses? *British Journal of Nursing*, 31(15): 818-820.
- Cacciattolo, K. (2015). Defining Workplace Learning. *European Scientific Journal*, 1(May): 243-250. Retrieved from: <https://eujournal.org/index.php/esj/article/download/5559/5354>
- Central Queensland University, Australia. (2023). *Articulation Policy and Procedure Reference Number: 3071*. Central Queensland University, Australia. Retrieved 24/04/2023 from: https://www.cqu.edu.au/_data/assets/pdf_file/0020/240284/Articulation-Policy-and-Procedure.pdf
- Chan, G., Bitton, J., Allgeyer, R., Elliott, D., Hudson, L. & Moulton Burwell, P. (2021). The Impact of COVID-19 on the Nursing Workforce: A National Overview. *Online Journal of Issues in Nursing*. 26 (2), 1-17. <https://doi.org/10.3912/ojin.vol26no02man02>
- Chan, M. (2022). Nurse manager succession planning: An integrative review. *Nursing Management*. 53 (10), 35-41. Doi:10.1097/01.NUMA.0000874444.59805.67.
- Chang, E., & Daly, J. (2019). *Transitions in nursing: Preparing for professional practice (5th Edition)*. Chatswood, NSW: Elsevier Australia.
- Chen, F., Liu, Y., Wang, X. & Dong, H. (2021). Transition shock, preceptor support and nursing competency among

- newly graduated registered nurses: A cross sectional study. *Nurse Education Today*. 102, 104891.
- Chetty, S., Bangalee, V. & Brysiewicz, P. (2020). Interprofessional collaborative learning in the workplace: a qualitative study at a non-governmental organisation in Durban, South Africa. *BMC Medical Education*. 20, 346. <https://doi.org/10.1186/s12909-020-02264-5>
- Chichester, M. (2011). Lifelong Learning, Part 2 – Pursuing your BSN and Beyond. *Nursing for Women's Health*, 15(2): 171-175.
- Chief Nursing and Midwifery Officers Australia. (2020). *Advanced Nursing Practice: Guidelines for the Australian context*. Department of Health: Canberra. Retrieved from: <https://www.health.gov.au/resources/publications/advanced-nursing-practice-guidelines-for-the-australian-context>
- Ciocco, M. (2016). *Fast facts for the nurse preceptor: Keys to providing a successful preceptorship in a nutshell*. New York: Springer Publishing Company.
- Cleary, M., Horsfall, J., O'Hara-Aarons, M., Jackson, D. & Hunt, G.E. (2011). The views of mental health nurses on continuing professional development. *Journal of Clinical Nursing*, 20: 3561-3566.
- Coalition of National Nursing and Midwifery Organisations (CoNNMO). (2022). *Members of the CoNNMO website*. Retrieved from: <https://connmo.org.au/index.php/members>
- Cole, P. (2012). *Linking effective professional learning with effective teaching practice*. Melbourne, VIC: Australian Institute for Teaching and School Leadership.
- College of Registered Nurses of Nova Scotia (CRNNS). (2015). *Interpreting and modifying the Scope of Practice of the Registered Nurse*. Halifax, Canada: CRNNS. Retrieved from: <https://crnns.ca/wp-content/uploads/2015/05/Scope-of-Practice-of-the-RN-2015.pdf>
- Collins, J. (2009). Education Techniques for Lifelong Learning: Lifelong Learning in the 21st Century and Beyond. *RadioGraphics*, 29: 613-622. doi: 10.1148/rq.292085179 Retrieved from: <http://pubs.rsna.org/doi/pdf/10.1148/rq.292085179>
- Collins. (2018). 'lifelong learning'. *Collins English Dictionary*. Sydney, NSW: HarperCollins Publishers. Retrieved from <https://www.collinsdictionary.com/dictionary/english/lifelong-learning>
- Conway, J. & McMillan, M. (2019). Professional career development: development of the capable nursing professional. In Chang, E & Daly, J. (Ed.), *Transitions in Nursing: Preparing for Professional Practice 5th Edition*. Chatswood, NSW: Elsevier Publishers.
- Council of Australian Governments (COAG). (updated 2020). National Health Care Reform Agreement – Addendum 2020-25. Federal Financial Relations, Commonwealth: Parkes, Australian Capital Territory (ACT). Retrieved from: https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2021-07/NHRA_2020-25_Addendum_consolidated.pdf
- Courtney-Pratt, H., FitzGerald, M., Ford, K., Marsden, K. & Marlow, A. (2012). Quality clinical placements for pre-registration nursing students: a cross-sectional survey of undergraduates and supervising nurses. *Journal of Advanced Nursing*, 68(6): 1380–1390. Retrieved from: <https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1365-2648.2011.05851.x>
- CPS HR Consulting. (2017). *Succession planning: Preparing for your agency's future*. Sacramento, CA: CPS HR Consulting. Retrieved from: https://nasca.org/Portals/21/2017%20Institute/Whitepapers/SuccessionPlanning_Whitepaper.pdf
- Crans, S., Aksentieva, P., Beusaert, S. & Segers, M. (2022). Learning leadership and feedback seeking behavior: Leadership that spurs feedback seeking. *Frontiers in Psychology*. 13:890861. Doi: 10.3389/fpsyg.2022.890861
- Cusack, L. & Verdonk, N. (2020). Bibliographic Exploration of the Influence of Nursing Regulation on Continuing Professional Development. *Journal of Nursing Regulation*. 11 (3), 5-12. Retrieved from: <https://www.sciencedirect.com/science/article/abs/pii/S2155825620301290>

- Daly, W. & Carnwell, R. (2003). Nursing roles and levels of practice: A framework for differentiating between elementary, specialist and advancing nursing practice. *Journal of Clinical Nursing*, 12: 158-167. Retrieved from: <http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2702.2003.00690.x/pdf>
- Davies, N. (2021). What learning evaluation models should you really be using? Retrieved from: [What learning evaluation model should you really be using? | Thingi](#)
- Davis, K. (2015). *The influence of workplace culture on nurses' learning experiences: a systematic review of the qualitative evidence*. Submitted in fulfilment of the requirement of the degree of Master of Clinical Science (Evidence Based Healthcare) School of Translational Health Science, Faculty of Health Sciences, The University of Adelaide, Australia. Retrieved from: <https://digital.library.adelaide.edu.au/dspace/bitstream/2440/96828/3/02whole.pdf>
- Day, M. (2017). Influencing Practice through the Development of clear and Transparent Guidelines for Recognition of Prior Learning (RPL). *Athens Journal of Health* Vol 4, Issue 1, pp.27-50. <https://doi.org/10.30958/ajh.4-1-2>
- Deloitte. (2016). Succession management—Developing the next generation of Federal leaders. New York, NY: Deloitte Development LLC. Retrieved from: <https://www2.deloitte.com/content/dam/Deloitte/us/Documents/public-sector/us-fed-succession-management.pdf>
- Department of Education, Training & Employment (DETE). (2014). Standards for professional development. Brisbane, QLD: Education Queensland, Queensland Government. Retrieved from: <http://education.qld.gov.au/staff/development/pdfs/standards-for-pd2.pdf>
- Department of Health. (2019). *Queensland Health Performance, Capability and Recognition Strategy website*. Brisbane, QLD: Department of Health (Qld). Retrieved from: <https://qheps.health.qld.gov.au/hr/training-development/strategy/performance-capability-recognition>
- Department of Health (Office of Chief Nursing and Midwifery Officer) (2020). *Advanced Nursing Practice – Guidelines for the Australian Context*. Department of Health: Canberra. Retrieved from: <https://www.health.gov.au/sites/default/files/documents/2020/10/advanced-nursing-practice-guidelines-for-the-australian-context.pdf>
- Déry, J., Paquet, M., Boyer, L., Dubois, S., Lavigne, G. and Lavoie-Tremblay, M. (2021). Optimizing nurses' enacted scope of practice to its full potential as an integrated strategy for the continuous improvement of clinical performance: A multicentre descriptive analysis. *Journal of Nursing Management*. 30 (1), 205-213. <https://doi.org/10.1111/jonm.13473>
- De Vos, A., Akkermans, J. & van der Heijden, B. (2019). From Occupational Choice to Career Crafting. In Gunz, H., Lazarova, M., Mayrhofer, W. (eds). *The Routledge Companion to Career Studies*. 128-142. London, UK: Routledge. doi:10.4324/9781315674704-9
- Dirks, J. (2021). Alternative Approaches to Mentoring. *The American Journal of Critical Care Nurses*. 41 (1), e9-e15. Doi: <https://doi.org/10.4037/ccn2021789>
- Drayton, N. & Luck, L. (2022). Exploring the nursing and midwifery champion through narrative analysis. *Collegian*. 29 (4), 510-515. <https://doi.org/10.1016/j.colegn.2021.12.003>
- Dweck, C., Walton, G. & Cohen, G. (2014). *Academic Tenacity: Mindsets and skills that promote long-term learning*. Seattle, Washington: Bill & Melinda Gates Foundation.
- Earle, V., Myrick, F. & Yonge, O. (2010). Preceptorship in the intergenerational context: an integrative review of the literature. *Nurse Education Today*. 31(2011): 82-87.
- Edgar, D., Moroney, T. & Wilson, V. (2022). Clinical supervision: A mechanism to support person-centred practice? An integrative review of the literature. *Journal of Clinical Nursing*. 2022 (00): 1-17.
- Edmondson, A. (2019). *The fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth*. Gildan Media.

- Edwards, J. (Ed.). (2015). *The Essentials of Knowledge Management*. London, UK: Palgrave Macmillan. Retrieved from: <https://doi.org/10.1057/9781137552105>
- Edwards, S. (2017). Reflecting differently. New dimensions: reflection-before-action and reflection-beyond-action. *International Practice Development Journal*, 7 (1): 1-14. Retrieved from: https://www.fons.org/Resources/Documents/Journal/Vol7No1/IPDJ_0701_2.pdf
- Ehrich, L. (2013). *Developing Performance Mentoring Handbook*. Brisbane, QLD: Department of Education, Training and Employment. Retrieved from: <http://education.qld.gov.au/staff/development/performance/pdfs/dp-mentoring-handbook.pdf>
- El Haddad, M. (2016). *Grounded theory examination of the perspective of practice and education sectors regarding graduate registered nurse practice readiness in the Australian context*. Submitted in fulfilment of the requirement of the degree of Doctor of Philosophy thesis, School of Nursing, University of Wollongong. Retrieved from: <http://ro.uow.edu.au/cgi/viewcontent.cgi?article=5743&context=theses>
- Ephraim, N. (2021). Mentoring in nursing education: An essential element in the retention of new nurse faculty. *Journal of Professional Nursing*. 37, 306-319. <https://doi.org/10.1016/j.profnurs.2020.12.001>
- Ernawati, E., Damris, D., Revis, A. and Irfida, S. (2022). How Effective is Clinical Supervision in Nursing? A Systematic Review. *Client-Centred Nursing Care*. May 2022, 8 (2): 69-78.
- Fahey, C. & Monaghan, J. (2005). Australian rural midwives' perspectives on continuing professional development. *The International Electronic Journal of Rural and Remote Health, Research, Education, Practice and Policy*. Retrieved from <http://rrh.deakin.edu.au>
- Fasbender, U., Vignoli, M. & Topa, G. (2022). Understanding how aging experiences shape late career development. *The Career Development Quarterly*. 70 (3), 173-237. <https://doi.org/10.1002/cdq.12301>
- Federation University. (2021). *LT1432 Learning Pathways Policy*. Ballarat, NSW: Federation University Australia. Retrieved from: http://policy.federation.edu.au/learning_and_teaching/academic_programs_and_courses/pathways_and_articulation/ch01.php
- Figuerola, C., Harrison, R., Chauhan, A. & Meyer, L. (2019). Priorities and challenges for health leadership and workforce management globally: a rapid review. *BMC Health Services Research*. 19 (239) pp1-11. doi: 10.1186/s12913-019-4080-7
- Fischer, G. (2014). Supporting Self-Directed Learning with Cultures of Participation in Collaborative Learning Environments. In E. Christiansen, L. Kuure, A. Mørch, & B. Lindström (Ed.), *Problem-Based Learning for the 21st Century - New Practices and Learning Environments* (pp. 15-50). Aalborg, Denmark: Aalborg University Press. Retrieved from: <http://l3d.cs.colorado.edu/~gerhard/papers/2014/Scandinavia-PBL.pdf>.
- Flinders University. (n.d.). *What is Induction and Orientation and Why is it Needed?* Retrieved from: http://www.flinders.edu.au/staff-development-files/new_staff/What%20is%20Induction%20and%20Orientation%20and%20Why%20is%20it%20Needed.pdf
- Fox, R. (2013). *The role and contribution of the Queensland public sector employed nurse educator: A grounded theory study*. Submitted in fulfilment of the requirement of the degree of Doctor of Philosophy School of Nursing and Midwifery, Faculty of Health Sciences Institute of Health and Biomedical Innovation Queensland University Of Technology Brisbane, Australia. Retrieved from: https://eprints.qut.edu.au/66867/1/Robyn_Fox_Thesis.pdf
- Fox, R; Henderson, A. & Malko-Nyhan, K. (2005). They survive despite the organisational culture not because of it – A longitudinal study of new staff perceptions of what constitute support during transition to an acute tertiary facility. *International Journal of Nursing Practice*. 11: 193-199.
- Fynn, J., Hardeman, W., Milton, K. & Jones, A. (2020). A scoping review of evaluation frameworks and their applicability to real-world physical activity and dietary change programme evaluation. *BMC Public Health*. 20: 1000. <https://doi.org/10.1186/s12889-020-09062-0>

- Gamrat, R. (2023). Organizational knowledge. *CEOpedia Management Online*.
https://ceopedia.org/index.php/Organizational_knowledge
- Gardner, G., Chang, A. & Duffield, C. (2007). Making nursing work: breaking through the role confusion of advanced practice nursing. *Journal of Advanced Nursing*, 57(4): 382–391, doi.org/10.1111/j.1365-2648.2006.04114.x.
- Gardner, G., Duffield, C., Doubrovsky, A. & Adams, M. (2016). Identifying Advanced Practice: A national survey of a nursing workforce. *International Journal of Nursing Studies*, 55(2016): 60-70.
- Gardner, G., Duffield, C., Doubrovsky, A. & Adams, M. (2017) The structure of nursing: a national examination of titles and practice profiles. *International Nursing Review*. 64 (2), 233-241. <https://doi.org/10.1111/inr.12364>
- Garey, A. (2022). Importance of nursing research and nursing continuing professional development. *Research in Nursing & Health*. 45 (6), 635. <http://orcid.org/0000-0002-8037-5886>
- Garvin, D., Edmondson, A. & Gino, F. (2008). Is yours a learning organization? *Harvard Business Review*, March: 109-116.
- Gholizadeh, L., Shahbazi, S., Valizadeh, S., Mohammadzad, M., Ghahramanian A. & Shohani, M. (2022). Nurse preceptors' perceptions of benefits, rewards, support, and commitment to the preceptor role in a new preceptorship program. *BMC Medical Education*. Vol 22, 472-480. <https://doi.org/10.1186/s12909-022-03534-0>
- Gifford, J. & Yarlagadda, R. (2018). Employee engagement and motivation. Wimbledon, UK: Chartered Institute of Personnel & Development (CIPD). Retrieved from:
<https://www.cipd.co.uk/knowledge/fundamentals/relations/engagement/factsheet>
- Gong, Z. & Li, T. (2019). Relationship between feedback environment established by mentor and nurses' career adaptability: A cross-sectional study. *Journal of Nursing Management*. 27, 1568-1575. doi: 10.1111/jonm.12847.
- Gopee, N. (2008). *Mentoring and Supervision in Healthcare*. London, UK: Sage Publications.
- Graebe, J., McIntyre-Hite, L., & Monaghan, D. (2022). The Future of Workforce Development in Professional Nursing Practice. *The Journal of Continuing Education in Nursing*, 53 (6), 246+. <http://dx.doi.org/10.3928/00220124-20220505-04>
- Graf, A., Jacob, E., Twigg, D. & Nattabi, B. (2020). Contemporary nursing graduates' transition to practice: A critical review of transition models. *Journal of clinical nursing*. 29 (15-16), 3097-3107. DOI: 10.1111/jocn.15234.
- Gravells, A. (2016). *Principles and Practices of Quality Assurance: A guide for internal and external quality assurers in the FE and Skills Sector*. London, UK: SAGE Publications Ltd.
- Gravells, A. (2021). *Principles and Practices of Assessment, a Guide for Assessors in the Fe and Skills Sector*. Available from: Booktopia – Branded Reader, (4th Edition). SAGE Publications, LTD (UK). 2021. Kippers, W.B., Poortman, C.L., Schildkamp, K. & Visscher, A.J. (2018). Data literacy: What do educators learn and struggle with during a data use intervention? *Studies in Educational Evaluation*, 56: 21-31. Retrieved from: <https://www.sciencedirect-com.ezproxy.scu.edu.au/science/article/pii/S0191491X17301700>
- Gray, A. (2016). Advanced or advancing nursing practice: What is the future direction for nursing? *British Journal of Nursing*, 25(1): 8-13. Retrieved from: <http://eds.a.ebscohost.com/eds/pdfviewer/pdfviewer?sid=4a8cefa9-6f17-43e4-9ab7-3388581c23a8%40sessionmgr4010&vid=0&hid=4102>
- Greenhaus, J., Callanan, G. & Godshalk, V. (2018). *Career Management for Life*. New York: Routledge.
- Groves, K. (2007). Integrating leadership development and succession planning best practices, *Journal of Management Development*, 26 (3): 239-260.
- Grundy, C. (2017). *The Importance of Succession Planning*. London, UK: Association of Professional Staffing Companies (APSCo). Retrieved from: <http://www.apsco.org/article/the-importance-of-succession-planning-3069.aspx>

- Gullick, J., Lin, F., Massey, D., Wilson, L., Greenwood, M., Skylas, K., Woodard, W., Tembo, A., Mitchell, M. & Gill, F. (2019). Structures, processes and outcomes of specialist critical care nurse education: An integrative review. *Australian Critical Care*. 32 (4), 331-345. <https://doi.org/10.1016/j.aucc.2018.09.007>
- Gunz, H., Lazarova, M., & Mayrhofer, W. (2019). *The Routledge companion to career studies*. Taylor & Francis Group. <https://ebookcentral.proquest.com>
- Gutiérrez-Rodríguez, L., Mayor, S., Lozano, D., Burgos-Fuentes, E., Rodríguez-Gómez, S., Sastre-Fullana, P., de Pedro-Gómez, J., Higuero-Macías, J., Pérez-Ardanaz, B. & Morales-Asencio, J. (2019). Competences of specialist nurses and advanced practice nurses. *Enfermería Clínica (English Edition)*. 29 (6), 328-335. <https://doi.org/10.1016/j.enfcle.2019.10.003>
- Haggerty, C, Holloway, K. & Wilson, D. (2013). How to grow our own: an evaluation of preceptorship in New Zealand graduate nurse programmes. *Contemporary Nurse*. 43 (2): 162-171.
- Hakvoort, L., Dikken, J., Cramer-Kruit, J., Nieuwenhuyzen, K., van der Schaaf, M. & Schuurmans, M. (2022) Factors that influence continuing professional development over a nursing career: A scoping review. *Nurse Education in Practice*. 65:10348. doi: 10.1016/j.nepr.2022.103481.
- Halse J., Reynolds, L. & Attenborough, J. (2018). Creating new roles in healthcare: lessons from the literature. *Nursing Times [online]*. 114 (5), 34-37. Retrieved from: <https://openaccess.city.ac.uk/id/eprint/20379/1/180502-Creating-new-roles-in-healthcare--lessons-from-the-literature.pdf>
- Hardacker, S., Perkel, M., King, K. & Hutchins, L., (2022). Elevating the Preceptor Role. Implementation of a New Model for Orientation. *Journal for Nurses in Professional Development*. 38 (3), 165-168.
- Hardie, P., Darley, A., Langan, L., Lafferty, A., Jarvis, S. & Redmond, C. (2022). Interpersonal and communication skills development in general nursing preceptorship education and training programmes: A scoping review. *Nurse Education in Practice*. Vol 65, article 103482. <https://doi.org/10.1016/j.nepr.2022.103482>
- Health & Care Professionals Council (HCPC). (2017). *Continuing professional development and your registration*. London, UK: HCPC. Retrieved from: http://www.hcpc-uk.org/assets/documents/10001314CPD_and_your_registration.pdf
- Health Workforce Australia. (2013). *Health LEADS Australia: the Australian health leadership framework*. Australian Government: Adelaide, South Australia. Retrieved from: <https://docplayer.net/833330-Health-leads-australia-the-australian-health-leadership-framework.html>
- Heartfield, M., Gibson, T., Chesterman, C. & Tagg, L. (2005). *Hanging from a String in the Wind: Mentoring for Nurses in General Practice: Final Report*. Department of Health & Ageing: Commonwealth Government.
- Henderson A., Fox, R. and Malko-Nyhan, K. (2006). An Evaluation of Preceptors' Perceptions of Educational Preparation and Organizational Support for Their Role. *The Journal of Continuing Education in Nursing*, 37(3): 130-136.
- Henderson, A., Fox, R. & Armit, L. (2008). Education in the clinical context: Establishing a strategic QHNMSDF to ensure relevance. *Collegian*, 15: 63-68.
- Higginbottom, K. (2014). Effective succession management results in improved employee engagement. *Forbes*, Nov 20, 2014. Retrieved from: <https://www.forbes.com/sites/karenhigginbottom/2014/11/20/successful-succession-management-results-in-improved-employee-engagement/#283970f712fc>
- Hilger, J., & Wahl, Z. (2022). Knowledge Management Primer. In J. Hilger & Z. Wahl (Eds.), *Making Knowledge Management Clickable: Knowledge Management Systems Strategy, Design, and Implementation* (pp. 1-12). Springer International Publishing. https://doi.org/10.1007/978-3-030-92385-3_1
- Hilli, Y., Melender, H.L., Salmu, M. & Jonsén, E. (2014). Being a preceptor – A Nordic qualitative study. *Nurse Education Today*, 34: 1420-1424.
- Hirschi, A & Koen, J. (2021). Contemporary career orientation and career self-management: A review and

- integration. *Journal of Vocational Behavior*. 126, 103505. Doi:10.1016/j.jvb.2020.103505
- Hobbs, L., Devenish, S., Long, D. & Tippet, V. (2021). Facilitators, barriers and motivators of paramedic continuing professional development. *Australasian Journal of Paramedicine*. 18. <https://doi.org/10.33151/ajp.18.857>
- Hodges, B., Paul, R. and Ginsburg, S. (2019). The Ottawa Consensus Group Members. Assessment of professionalism: From where have we come - to where are we going? An update from the Ottawa Consensus Group on the assessment of professionalism. *Medical Teacher*. Mar;41(3):249-255. doi: 10.1080/0142159X.2018.1543862.
- Homeyer, S., Hoffmann, W., Hingst, P., Oppermann, R. & Dreier-Wolfgramm, A. (2018) Effects of interprofessional education for medical and nursing students: enablers, barriers and expectations for optimizing future interprofessional collaboration - a qualitative study. *BMC Nurs*. 17 (13). doi: 10.1186/s12912-018-0279-x.
- Hughes, A. & Fraser, D. (2011). 'SINK or SWIM': The experience of newly qualified midwives in England. *Midwifery*, 27: 382-386. Retrieved from: <http://www.midwiferyjournal.com/article/S0266-6138%2811%2900043-X/pdf>
- Huybrecht, S., Loeckx, W., Quaeyhaegens, Y., De Tobel, D. & Mistiaen, W. (2011). Mentoring in nursing education: Perceived characteristics of mentors and the consequences of mentorship. *Nurse Education Today*, 31(3), 274-278. doi:10.1016/j.nedt.2010.10.022. Retrieved from: <http://www.sciencedirect.com/science/article/pii/S0260691710002078>.
- Innovation & Growth. (2012). *A Guide to Succession Management*, Nova Scotia Public Service Commission. Retrieved from: <http://www.gov.ns.ca/psc/pdf/InnovationGrowth/SuccessionManagement.pdf>.
- International Confederation of Midwives (ICM). (2014). *International Code of Ethics for Midwives*. The Hague, Netherlands: ICM. Retrieved from: http://internationalmidwives.org/assets/uploads/documents/CoreDocuments/CD2008_001%20V2014%20ENG%20International%20Code%20of%20Ethics%20for%20Midwives.pdf
- International Confederation of Midwives (ICM). (2017). *International Definition of the Midwife*. The Hague, Netherlands: ICM. Retrieved from: https://www.internationalmidwives.org/assets/files/definitions-files/2018/06/eng-definition_of_the_midwife-2017.pdf
- International Confederation of Midwives (ICM). (2019). *Essential Competencies for Basic Midwifery Practice*. The Hague, Netherlands: ICM. Retrieved from: https://internationalmidwives.org/assets/files/general-files/2019/10/icm-competencies-en-print-october-2019_final_18-oct-5db05248843e8.pdf
- International Council of Nurses (ICN). (2021a). *ICN Code of Ethics for Nurses*. Geneva, Switzerland: ICN. Retrieved from: https://www.icn.ch/system/files/2021-10/ICN_Code-of-Ethics_EN_Web_0.pdf
- International Council of Nurses (ICN). (2021b). *Nurses: A voice to lead. A vision for future healthcare*. International Council of Nurses: Geneva, Switzerland. Retrieved from: https://www.icn.ch/system/files/documents/2021-05/ICN%20Toolkit_2021_ENG_Final.pdf
- Interprofessional Ambulatory Care (IpAC) Unit. (n.d.). Reflective practice: a tool to enhance professional practice. Perth, WA: Edith Cowan University. Retrieved from: https://moodle.une.edu.au/pluginfile.php/454891/mod_data/intro/User-Manual-Reflective-Practice-FINAL.pdf
- Iskamto, D. (2022). Does Career Development Effect on Professionalism?: A Case Study of State Civil Apparatus in Indonesia. *International Journal of Management and Business Applied*, 1 (1), 9–18. <https://doi.org/10.54099/ijmba.v1i1.94>
- Jackson, C. & Manley, K. (2022). Contemporary Challenges of Nursing CPD: Time to change the model to meet citizens' needs. *Nursing Open*. 9 (2), 880-891. doi: 10.1002/nop2.941
- James, A. & Chapman, Y. (2010). Preceptors and patients - the power of two: nursing student experiences on their first acute clinical placement. *Contemporary Nurse*, 34(1): 34-47. Retrieved from: <https://pdfs.semanticscholar.org/d294/318a10f0e66906f8d18628527a1e4998eea2.pdf>

- Jang, E. (2022). Addressing Challenges to the Development, Development, Delivery and Evaluation of Continuing Education for Nurses. *Nursing Clinics of North America*. Vol 57, 513-523.
<https://doi.org/10.1016/j.cnur.2022.06.003>
- Jantzen, D. (2019). Refining nursing practice through workplace learning: A grounded theory. *Journal of Clinical Nursing*. 28 (13-14), 2565-2576. <https://doi.org/10.1111/jocn.14841>
- Jayatilleke, N. & Mackie, A. (2012). Reflection as part of continuous professional development for public health professionals: a literature review. *Journal of Public Health*, 35(2): 308–312. Retrieved from:
<http://web.b.ebscohost.com.ezproxy.scu.edu.au/ehost/pdfviewer/pdfviewer?vid=4&sid=52d8288f-b540-4fc5-9558-f587783b6505%40pdc-v-sessmgr01>
- Jenkins, D. & Spence, C. (2006). *The Career Pathways How-to-Guide*. Brooklyn, NY: Workforce Strategy Center. Retrieved from: <https://files.eric.ed.gov/fulltext/ED496995.pdf>
- Jia-jun, Z. & Hua-ming, S. (2022). The Impact of Career Growth on Knowledge-Based Employee Engagement: The Mediating Role of Affective Commitment and the Moderating Role of Perceived Organizational Support. *Frontiers in Psychology*. Vol. 13, 805208. Doi: 10.3389/fpsyg.2022.805208
- Jochim, V. & Rosengren, K. (2022). Nursing preceptorship, a supportive and reflective approach for promoting a healthy working environment: a multi-methods design. *Nordic Journal of Nursing Research*. 42 (3), 147-157
doi: 10.1177/20571585211025207
- Jones, J. (2006). Clinical Supervision in Nursing. *The Clinical Supervisor*, 24(1-2): 149-162. Retrieved from:
https://www.tandfonline-com.ezproxy.scu.edu.au/doi/pdf/10.1300/J001v24n01_08
- Jones, R. (2015). *The effectiveness of workplace coaching: A meta-analysis of learning and performance outcomes; scale development; theoretical model of individual differences and longitudinal study*. Submitted in fulfilment of the requirement of the degree of Doctor of Philosophy, Business School - Aston University: Birmingham, England. Retrieved from: http://publications.aston.ac.uk/28541/1/Jones_Rebecca_J._2016.pdf
- Joyce-McCoach, J., Ashworth, P., Park, S., Kellerman, T. & McKenna, L. (2023). Transition and pathway programs from second to first level nursing: A scoping review. *Nurse Education Today*. Vol 25, 105777.
DOI: [10.1016/j.nedt.2023.105777](https://doi.org/10.1016/j.nedt.2023.105777)
- Kalinski, B. (Eds.). (2014). Professional Education. Encyclopedia of Business and Finance (3rd Ed.). New York City, New York: Macmillan Reference USA.
- Kalischuk, R.G., Vandenberg, H. & Awosoga, O. (2013). Nursing preceptors speak out: An empirical study. *Journal of Professional Nursing*, 29: 30-38. Retrieved from: https://ac-els-cdn-com.ezproxy.scu.edu.au/S8755722312000646/1-s2.0-S8755722312000646-main.pdf?_tid=4e003bae-88dc-485e-990c-fc1307ea5e54&acdnat=1524455865_96fc822c571b70e4a0eb16b79d82b5b3
- Kallenbach, J.Z. (2016). On being a Preceptor. In J.Z. Kallenbach (ed.), *Review of Hemodialysis for Nurses and Dialysis Personnel* (pp. 332-337). St Louis, Missouri: Elsevier.
- Katsikitis, M., Mcallister, M., Sharman, R., Raith, L., Faithfull-Byrne, A. & Priaux, R. (2013). Continuing professional development in nursing in Australia: Current awareness, practice and future directions. *Contemporary Nurse*, 45(1): 33-45. doi: 10.5172/conu.2013.45.1.33. Retrieved from:
<https://search.informit.com.au/fullText;dn=742116534820804;res=IELHEA>
- Kaufman, R. (1997). Avoiding the “Dumbing Down” of Human Performance Improvement. *Performance Improvement*. 36, 22-24. <https://doi.org/10.1002/pfi.4140360506>
- Ke, Y., Kuo, C. & Hung, C. (2017). The effects of nursing preceptorship on new nurses' competence, professional socialization, job satisfaction and retention: A systematic review. *Journal of Advanced Nursing (JAN)*, 73: 2296–2305. Retrieved from: <https://doi.org/10.1111/jan.13317>
- Kelly, J. & McAllister, M. (2013). Lessons students and new graduates could teach: A phenomenological study that reveals insights on the essence of building a supportive learning culture through preceptorship. *Contemporary*

Nurse, 44:170-177.

- King, R., Taylor, B., Talpur, A., Jackson, C., Manley, K., Ashby, N., Tod, A., Ryan, T., Wood, E., Senek, M. & Robertson, S. (2020). Factors that optimise the impact of continuing professional development in nursing: A rapid evidence review. *Nurse Education Today*. Volume 98. Retrieved from: <https://doi.org/10.1016/j.nedt.2020.104652>
- Kinsella, D., Fry, M. & Zecchin, A. (2018). Motivational factors influencing nurses to undertake postgraduate hospital-based education. *Nurse Education in Practice*. Vol 31, 54-60. <https://doi.org/10.1016/j.nepr.2018.04.011>
- Kinsella, E. (2010). Professional knowledge and the epistemology of reflective practice. *Nursing Philosophy*, 11 (1), 3-14.
- Kippers, W., Poortman, C., Schildkamp, K. & Visscher, A. (2018). Data literacy: What do educators learn and struggle with during a data use intervention? *Studies in Educational Evaluation*, 56: 21-31. Retrieved from: <https://www.sciencedirect-com.ezproxy.scu.edu.au/science/article/pii/S0191491X17301700>
- Kirkpatrick, J. & Kayser Kirkpatrick, W. (2016). *Kirkpatrick's Four Levels of Training Evaluation*. Alexandria, VA: ATD Press.
- Kirkpatrick Partners. (2021). Kirkpatrick Case Studies Guide. Kirkpatrick Partners. Retrieved from: [What is The Kirkpatrick Model? / Kirkpatrick \(kirkpatrickpartners.com\)](https://www.kirkpatrickpartners.com/What-is-The-Kirkpatrick-Model/)
- Kitchie, S. (2023). Determinates of Learning. In Bastable S. B. (6th Eds.), *Nurse as Educator, Principles of Teaching and Learning for Nursing Practice* (pp. 127-180). Jones & Bartlett Learning.
- Kitto, S., Goldman, J., Schmitt, M. & Olson, C. (2014). Examining the intersections between continuing education, interprofessional education and workplace learning. *Interprofessional Care*, Early Online: 1-3. Retrieved from http://www.researchgate.net/publication/261404671_Examining_the_intersections_between_continuing_education_interprofessional_education_and_workplace_learning.
- Kleinpell, R. (ed.) (2021). *Outcome Assessment in Advanced Practice Nursing 5th Edition*. Springer Publishing Company; New York. Ebook ISBN:978-0-8261-5126-1; doi; 10.189/9780826251261
- Knowles, S. (2020). Initiation of a Mentoring Program: Mentoring Invisible Nurse Faculty. *Teaching and Learning in Nursing*. 15 (3), 190-194. <https://doi.org/10.1016/j.teln.2020.02.001>
- Laal, M. (2011). Lifelong learning: What does it mean? *Procedia - Social and Behavioral Sciences* 28 (2011): 470–474. doi: 10.1016/j.sbspro.2011.11.090.
- Lal, M. (2021). Why Nursing Research Matters. *The Journal of Nursing Administration*. 51 (5), 235-236. doi: 10.1097/NNA.0000000000001005
- Lam, C., Schubert, C. & Herron, E. (2020). Evidence-Based Practice Competence in Nursing Students Preparing to Transition to Practice. *Worldviews on evidence-based nursing*. 17 (6), 418-426. Doi: 10.1111/wvn.12479
- Lera M, Taxtsoglou K, Iliadis C, Frantzana A, Kourkouta L. (2020) Nurses' Attitudes Toward Lifelong Learning via New Technologies. *Asian Pacific Island Nursing Journal*. 5 (2):89-102. doi: 10.31372/20200502.1088.
- Lewis, L., Williams, C., & Dawson, S. (2020). Growth mindset training and effective learning strategies in community college registered nursing students. *Teaching and Learning in Nursing*, 15 (2), 123-127. <https://doi.org/https://doi.org/10.1016/j.teln.2020.01.006>
- Lewis, N. & Bryan, V. (2021). Andragogy and teaching techniques to enhance adult learners' experience. *Journal of Nursing Education and Practice*. 11 (1), 31-40. Doi: 10.5430/jnep.v11n11p31
- Liljedahl, M., Björck, E. & Bolander Laksov, K. (2022). How workplace learning is put into practice: contrasting the medical and nursing contexts from the perspective of teaching and learning regimes. *Advances in Health Sciences Education*. doi: 10.1007/s10459-022-10195-7.

- Lindfors, K., Kaunonen, M., Huhtala, H. & Paavilainen, E. (2022). Newly graduated nurses' evaluation of the received orientation and their perceptions of the clinical environment: An intervention study. *Scandinavian Journal of Caring Sciences*. 36, 59-70. <https://doi.org/10.1111/scs.12963>
- Liu, Y., Gong, W. & Mao, X. (2020). Postgraduate nursing internationality education: A study in establishing an English nursing course. *Nursing Open*. 7 (5), 1544-1550. doi:10.1002/nop2.536
- Liu, W. & Xiang, S. (2020). The Effect of Leaders' Coaching Behaviors on Employee Learning Orientation: A Regulatory Focus Perspective. *Psychology*. 11. <https://doi.org/10.3389/fpsyg.2020.543282>
- Liverpool John Moores University (LJMU). (2015). *Personal Development Planning Policy*. Liverpool, UK. Retrieved from: <https://www.ljmu.ac.uk/~media/sample-sharepoint-libraries/policy-documents/97.pdf?la=en>
- Llewellyn, S. (2021). Planting seeds of reflective practice. *Teaching and Learning in Nursing*. 16, 375-378. <https://doi.org/10.1016/j.teln.2021.06.016>
- Longe, J. & Narins, B. (Eds.). (2017). *The Gale Encyclopedia of Nursing and Allied Health* (4th Ed.). Farmington Hills, Michigan: Cengage Gale Learning.
- Love, B., Sidebotham, M., Fenwick, L., Harvey, S. & Fairbrother, G. (2017). "Unscrambling what's in your head". A mixed method evaluation of clinical supervision for midwives. *Women and Birth*. 30, 271-281.
- Lowe, T. (2020). Nurse Education in Australia: Part 11. *NurseClick* (30 November). <https://www.acn.edu.au/nurseclick/nurse-education-in-australia-part-11>
- Lucas, C., Power, T., Hayes, C. & Ferguson, C. (2019). Development of the RIPE model (Reflective Interprofessional Education Model) to enhance interprofessional collaboration. *Research in Social and Administrative Pharmacy*. 15 (4), 459-464. <https://doi.org/10.1016/j.sapharm.2018.05.125>
- MacNaughton, G. (2003). Reflecting on early childhood curriculum. In G. MacNaughton, *Shaping Early Childhood* (pp. 113-120). England: Open University Press.
- Mann, K., Gordon, J. & MacLeod, A. (2009). Reflection and reflective practice in health professions education: a systematic review. *Advances in health sciences education*, 14 (4): 595-621. Retrieved from: <http://web.b.ebscohost.com.ezproxy.scu.edu.au/ehost/pdfviewer/pdfviewer?vid=4&sid=6ee8228e-0572-4be7-8ab7-8d7c98b67158%40sessionmgr103>
- Mark, B., Salyer, J. & Wan, T. (2003). Professional Nursing Practice: Impact on Organizational and Patient Outcomes. *Journal of Nursing Administration*, 33 (4): 224-234. Retrieved from: https://www.researchgate.net/profile/Thomas_Wan2/publication/10809849_Impact_on_Organizational_and_Patient_Outcomes_Professional_Nursing_Practice/links/02e7e516c5b1d41355000000.pdf
- Martin, C. & OShea, K. (2021). Succession planning for organizational stability. *Nursing Management*. April, 1-20. DOI-10.1097/01.NUMA.0000737612.48252.0a
- Martin, P., Lizarondo, L., Kumar, S. & Snowdon, D. (2021). Impact of clinical supervision on healthcare organisational outcomes: A mixed methods systematic review. *PLoS ONE*. 16 (11), 1-27. doi:10.1371/journal.pone.0260156
- Martin-Misener, R. & Bryant-Lukosius, D. (2014). *Optimising the Role of Nurses in Primary Care in Canada*. Ottawa, Ontario: Canadian Nurses Association (CNA). Retrieved from: <https://cna-aiic.ca/~media/cna/page-content/pdf-en/optimizing-the-role-of-nurses-in-primary-care-in-canada.pdf>
- Massey University. (2017). *Performance and Development Planning website*. Auckland, New Zealand. Retrieved from: https://www.massey.ac.nz/massey/staffroom/national-shared-services/pod/my-career/performance-and-development-planning-prp/performance-and-development-planning-pdp_home.cfm
- Matte, A., Pepin, J. & Remmer, E. (2021). Quality improvement project: An online discussion forum for the support of nurse preceptors orienting newly hired nurses. *Nurse Education in Practice*. Vol 53, article 103076. <https://doi.org/10.1016/j.nepr.2021.103076>

- Matthews, J. (2012). Role of Professional Organizations in Advocating for the Nursing Profession. *OJIN: The Online Journal of Issues in Nursing*, 17(1). Retrieved from: <http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No1-Jan-2012/Professional-Organizations-and-Advocating.html>
- Matua, G.A., Seshan, V., Savithri R. & Fronda, D.C. (2014). Challenges and strategies for building and maintaining effective preceptor-preceptee relationships among nurses. *Sultan Qaboos University Medical Journal*, 14 (4): e530-536.
- Maude, R., Douché, J. & Holloway, K. (2022). Midwives' perspectives on the benefits for women and babies following completion of midwifery postgraduate complex care education. *New Zealand College of Midwives Journal*. 58, 5-10. <https://doi.org/10.12784/nzcomjnl58.2022.1.5-10>
- Maxwell, B. (2014). Improving workplace learning of lifelong learning sector trainee teachers in the UK. *Journal of Further and Higher Education*, 38(3): 377-399. doi: 10.1080/0309877X.2013.831036 Retrieved from: <https://doi.org/10.1080/0309877X.2013.831036>
- McCusker, C. (2013). Preceptorship: professional development and support for newly registered practitioners. *Open Learning Zone*. 23(12): 283-287.
- McLeod, S. (2023). Likert Scale Definition, Examples and Analysis. Simply Psychology. Retrieved from: [Likert Scale Definition, Examples and Analysis \(simplypsychology.org\)](https://www.simplypsychology.org/Likert-Scale-Definition-Examples-and-Analysis.html)
- Medd, W. (2011). Coaching for research in UK higher education institutions: a review, Vitae. Cambridge: Vitae. Retrieved from: <https://www.vitae.ac.uk/vitae-publications/reports/coaching-report-2012-vitae.pdf/>
- Mehdaova, E. (2017). *Strategies to Overcome the Nursing Shortage*. Submitted in fulfilment of the requirement of the degree of Doctor of Business Administration - Walden University: Minneapolis, MN. Retrieved from: <https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?referer=https://www.google.com&httpsredir=1&article=5933&context=dissertations>
- Mejía-Manzano, L., Sirkis, G., Rojas, J., Gallardo, K., Vázquez-Villegas, P., Camacho-Zuñiga, C., Membrillo-Hernández, J. & Caratozzolo, P. (2022). Embracing Thinking Diversity in Higher Education to Achieve a Lifelong Learning Culture. *Education Sciences*. 12 (12), 913. <https://doi.org/10.3390/educsci1210913>
- Memon, M., Salleh, R., Mirza, M., Cheah, J., Ting, H., Ahmad, M. & Tariq, A. (2021). Satisfaction matters: the relationships between HRM practices, work engagement and turnover intention. *International Journal of Manpower*. 42 (1), 21-50. <https://doi.org/10.1108/IJM-04-2018-0127>
- Mental Health Coordinating Council (MHCC). (2008). *Mental Health Recovery - Philosophy into Practice: A workforce development guide (Workforce Development Pathway 8 – Supervision, Mentoring & Coaching)*. Rozelle, NSW: Mental Health Coordinating Council. Retrieved from: <http://www.mhcc.org.au/home/publications/workforce-development-guide.aspx>
- Merlino, M. (2019). *Creating Our Future Through Lifelong Learning* AORN. Journal vol. 110, issue 1, pp 2-4. <https://doi.org/10.1002/aorn.12738> Retrieved from: <https://aornjournal.onlinelibrary.wiley.com/doi/full/10.1002/aorn.12738>
- Merriam-Webster. (n.d.). *Learning definition and meaning*. Retrieved 30/03/2023 from: <https://www.merriam-webster.com/dictionary/learning#:~:text=learning-,noun,acquired%20by%20instruction%20or%20study>
- Metro North Health (MNH). (2021). *Mandatory Training Metro North Health 002070*. Brisbane, QLD: MNH. Retrieved from: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0028/1481842/002070.pdf
- Metro North Health (MNH). (2022). *What is co-design?* Metro North Health, Queensland Government website. Retrieved 03/05/2023 from: <https://metronorth.health.qld.gov.au/get-involved/co-design/what-is-co-design>
- Metro North Hospital & Health Service (MNHHS). (2014). *MNHHS Performance and Development Planning (PDP) Information Manual for Nurses, Midwives and Assistants in Nursing*. Brisbane, QLD: MNHHS. Retrieved from: <http://qheps.health.qld.gov.au/metronorth/nursing-midwifery/professional-standards.htm#pdp>.

- Metro North Hospital & Health Service (MNHHS). (2017). *Nursing & Midwifery Career Pathways Factsheet*. Metro North Hospital and Health Service: Brisbane. Retrieved from: https://gheps.health.qld.gov.au/_data/assets/pdf_file/0034/1955824/mnhhs-career-pathway-fs.pdf
- Ministerial Council for Education, Early Childhood Development & Youth Affairs (MCEECDYA). (2014). *Australian Blueprint for Career Development*. Canberra, ACT: Commonwealth of Australia. Retrieved from: https://docs.education.gov.au/system/files/doc/other/australian_blueprint_for_career_development.pdf.
- Ministerial Taskforce on Clinical Education & Training Steering Committee. (2007). *Ministerial Taskforce on Clinical Education and Training Final Report*. Brisbane, QLD: Queensland Government. Retrieved from: <http://www.health.qld.gov.au/clinedq/Documents/10CEO003.pdf4>.
- Mlambo, M., Silén, C. & McGrath, C. (2021) Lifelong learning and nurses' continuing professional development, a metasynthesis of the literature. *BMC Nursing*, 20, 62. <https://doi.org/10.1186/s12912-021-00579-2>
- Mohamed, F. & Mohamed Ahmed, H. (2019). Clinical supervision factors as perceived by the nursing staff. *Journal of Nursing Education and Practice*. 9 (6), 67-72. doi: 10.5430/jnep.v9n6p67
- Moote, R., Ratcliffe, T., Gaspard, C., Kennedy, A., Leach, E., Vives, M. & Zorek, J. (2022). Clinical interprofessional education in the health professions: a scoping protocol. *JBIE Evidence Synthesis*. 20 (3), 931-943. Doi: 10.11124/JBIES-21-00207
- Morgan, A., Cullinane, J. & Pye, M. (2008). Continuing professional development: Rhetoric and practice in the NHS. *Journal of Education and Work*, 21(3), 233-248. doi: 10.1080/13639080802214100
- Morgan, G. (2009). Reflective practice and self-awareness. *Perspectives in Public Health*, 129(4):161-2. Retrieved from: <http://journals.sagepub.com.ezproxy.scu.edu.au/doi/pdf/10.1177/1757913908105954>
- Morley, M. (2013). *Preceptorship Handbook for Occupational Therapists* (3rd ed.). London, UK: College of Occupational Therapists Ltd. Retrieved from: <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=7&ved=0ahUKEwiEo6OlwtHaAhUDwbwKHWxqAmkQFghRMAY&url=https%3A%2F%2Fwww.rcot.co.uk%2Ffile%2F497%2Fdownload%3Ftoken%3DCI2KkelB&usq=AOvVaw1y3kYEbfVxEGXIYngp0HqQ>
- Muir, J., Ooms, A., Tapping, J., Marks-Maran, D., Phillips, S. & Burke, L. (2013). Preceptors' perceptions of a preceptorship programme for newly qualified nurses. *Nurse Education Today*, 33(6): 633-638. Retrieved from: https://ac-els-cdn-com.ezproxy.scu.edu.au/S0260691713000452/1-s2.0-S0260691713000452-main.pdf?_tid=174d9ba2-dca0-4b3c-88a7-cb8707036880&acdnat=1524456401_c2884dac7ee4e83d99eb6985c033c9d7
- Mulford, B. & Silins, H. (2010). Organisational Learning in Schools. In P. Peterson, E. Baker & B. McGaw (Ed.), *International Encyclopedia of Education* (3rd ed.) (pp. 143-150). Oxford, UK: Elsevier. Retrieved from: <https://www.sciencedirect.com/science/article/pii/B9780080448947004346>
- Murphy, G., & Calway, B. (2008). Professional development for professionals beyond learning. *Australian Journal of Adult Learning*, 48 (3), 424-444. Retrieved from: <http://gateway.library.qut.edu.au/login?url=http://search.proquest.com.ezp01.library.qut.edu.au/docview/89071640?accountid=13380>
- Murray, M., Sundin, D. & Cope, V. (2020). Supporting new graduate registered nurse transition for safety: A literature review update. *Collegian*. Vol 27, 125-134.
- Myrick, F. & Yonge, O. (2005). *Nursing Preceptorship. Connecting Practice & Education*. Philadelphia: Lippincott Williams & Wilkins.
- Natesan, S., Bailitz, J., King, A., Krzyzaniak, S., Kennedy, S., Kim, A., Byyny, R. & Gottlieb, M. (2020) Clinical Teaching: An Evidence-based Guide to Best Practices from the Council of Emergency Medicine Residency Directors. *West J Emergency Medicine*. 21 (4), 985-998. doi: 10.5811/westjem.2020.4.46060
- National Health Work Taskforce (NHWT). (2009). Health workforce in Australia and factors for current shortages.

- Retrieved from: <http://www.ahwo.gov.au/documents>
- National Scientific Council on the Developing Child. (2015). *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13*. Cambridge, MA: Harvard University. Retrieved from: <https://46y5eh11fhgw3ve3ytpwxt9r-wpengine.netdna-ssl.com/wp-content/uploads/2015/05/The-Science-of-Resilience2.pdf>
- Neendoor. S. (2023). 5 Best Ways to Evaluate Training Effectiveness and Impact. Retrieved from: [5 Best Ways to Evaluate Employee Training Effectiveness and Impact \(kitaboo.com\)](#).
- Nelson, S., Turnbull, J., Bainbridge, L., Caulfield, T., Hudon, G., Kendel, D., Mowat, D., Nasmith, L., Postl, B., Shamian, J. & Sketris, I. (2014). *Optimizing Scopes of Practice: New Models for a New Health Care System*. Ottawa, Ontario: Canadian Academy of Health Sciences. Retrieved from: http://www.cahs-acss.ca/wp-content/uploads/2014/08/Optimizing-Scopes-of-Practice_REPORT-English.pdf
- New South Wales (NSW) Government. (2021). Observation: a guide for use in evaluation. NSW Education website. Retrieved from [Observation: a guide for use in evaluation \(nsw.gov.au\)](#).
- Ng, L., Tuckett, A., Fox-Young, S. & Kain, V. (2014). Exploring registered nurses' attitudes towards postgraduate education in Australia: an overview of the literature. *Journal of Nursing Education and Practice*, 4(2): 162-170. doi: 10.5430/jnep.v4n2p162. Retrieved from: <http://www.sciedu.ca/journal/index.php/jnep/article/view/3092/2076>
- Nielsen, K., Finderup, J., Brahe, L., Elgaard, R., Elsborg, A., Engell-Soerensen, V., Holm, L., Juul, H. & Sommer, I. (2017). The art of preceptorship. A qualitative study. *Nurse Education in Practice*, 26: 39-45. Retrieved from: <http://www.nurseeducationinpractice.com/article/S1471-5953%2817%2930388-8/pdf>
- Nilsen, P., Seing, I., Ericsson, C., Birken, S. & Schildmeijer, K. (2020). Characteristics of successful changes in health care organizations: an interview study with physicians, registered nurses and assistant nurses. *BMC Health Services Research*. Vol 20, 147. <https://doi.org/10.1186/s12913-020-4999-8>
- Noland, L. (2018). *The Largest Business Benefits of Having Motivated Employees*. Innovation Enterprise Ltd. Retrieved from: <https://channels.theinnovationenterprise.com/articles/the-largest-business-benefits-of-having-motivated-employees>
- Nova Scotia Public Service Commission. (2015). *Mentoring Program Guide*, Halifax: Province of Nova Scotia. Retrieved from: http://novascotia.ca/psc/pdf/employeeCentre/training/mentoring/iNSpire_Mentorship_Program_Guide.pdf.
- Nowak, H. & Scanlan, J. (2021). Strategy to stay ahead of the curve: A concept analysis of talent management. *Nursing Forum*. 56, 717-723. Doi: 10.1111/nuf.12571.
- Nursing & Midwifery Board of Australia (NMBA). (2015). *NMBA Framework for Assessing Standards for Practice for Registered Nurses, Enrolled Nurses and Midwives*. Melbourne, VIC: NMBA. Retrieved from <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks/Framework-for-assessing-national-competency-standards.aspx>
- Nursing & Midwifery Board of Australia (NMBA). (2016a). *Registration Standard: Continuing Professional Development*. Melbourne, VIC: NMBA. Retrieved from: <http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD16%2f19507&dbid=AP&chksu m=CS8AjkG6yIPcUTD5Hrrn%2bA%3d%3d>
- Nursing & Midwifery Board of Australia (NMBA). (2016b). *Guidelines: Continuing Professional Development*. Melbourne, VIC: NMBA. Retrieved from: <http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD16%2f19501&dbid=AP&chksu m=DD3%2fGlpTYWrl%2fgaguW6x7g%3d%3d>
- Nursing & Midwifery Board of Australia (NMBA). (2016c). *Enrolled nurse standards for practice*. Melbourne, VIC: NMBA. Retrieved from:

<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD15%2f18366&dbid=AP&chksu m=DQoSSmxeo5w3le87%2fnYjFW%3d%3d>

Nursing & Midwifery Board of Australia (NMBA). (2016d). *Registered nurse standards for practice*. Melbourne, VIC: NMBA. Retrieved from:

<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD16%2f19524&dbid=AP&chksu m=R5Pkrn8yVpb9bJvtpTRe8w%3d%3d>

Nursing & Midwifery Board of Australia (NMBA). (2018a (updated 2022)). *Code of conduct for midwives*. Melbourne, VIC: NMBA. Retrieved from:

<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD17%2f23848&dbid=AP&chksu m=H4qO6AcvC%2fLryfxlhl6W8g%3d%3d>

Nursing & Midwifery Board of Australia (NMBA). (2018b (updated 2022)). *Code of conduct for nurses*. Melbourne, VIC: NMBA. Retrieved from:

<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD17%2f23850&dbid=AP&chksu m=L8j874hp3DTIC1Sj4klHag%3d%3d>

Nursing & Midwifery Board of Australia (NMBA). (2018c (updated 2019)). *Code of conduct for nurses and Code of Conduct for Midwives Fact Sheet*. Melbourne, VIC: NMBA. Retrieved from:

<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD17%2f23852&dbid=AP&chksu m=OSlqzDper4cykMSFi2PQaQ%3d%3d>

Nursing & Midwifery Board of Australia (NMBA). (2018d). *Midwife standards for practice*. Melbourne, VIC: NMBA. Retrieved from:

<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f25281&dbid=AP&chksu m=kYbO0%2bO7kx9l%2fBlvmKH%2bwg%3d%3d>

Nursing & Midwifery Board of Australia (NMBA). (2018e (updated 2022)). *Code of conduct for midwives*. Melbourne, VIC: NMBA. Retrieved from:

<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD17%2f23850&dbid=AP&chksu m=L8j874hp3DTIC1Sj4klHag%3d%3d>

Nursing and Midwifery Board of Australia (NMBA). (2019a). *Policy: Re-entry to practice for nurses and midwives*. Melbourne, VIC: NMBA. Retrieved from:

<https://www.ahpra.gov.au/documents/default.aspx?record=WD18%2f26752%5bv3%5d&dbid=AP&chksu m=t6dMOOUwi8HzUVPx8CmnJmEXFcPHysqx%2f%2fQVUcwrPBA%3d>

Nursing and Midwifery Board of Australia (NMBA). (2019b (updated 2022)). *Fact sheet: Re-entry to practice*. Melbourne, VIC: NMBA. Retrieved from:

<https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f26750&dbid=AP&chksu m=BggB9Lk6z79gpaeXZcKklg%3d%3d>

Nursing and Midwifery Board of Australia (NMBA). (2019c (updated 2023)). *Fact sheet: Provisional registration: Information for health services and employers*. Melbourne, VIC: NMBA. Retrieved from:

<https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f26746&dbid=AP&chksu m=TKhz9kYirzzoE29HoLOR5g%3d%3d>

Nursing and Midwifery Board of Australia (NMBA). (2019d updated 2023)). *Fact sheet: Provisional registration information for nurses and midwives*. Melbourne, VIC: NMBA. Retrieved from:

<https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f26748&dbid=AP&chksu m=ft9hnZqaYjGY2LM68Za%2bOQ%3d%3d>

Nursing & Midwifery Board of Australia (NMBA). (2020a). *Decision-making framework summary: Nursing*. Melbourne, VIC: NMBA. Retrieved from:

<https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD19%2f29159&dbid=AP&chksu m=MoynU56uSyykVYJCyiCnqg%3d%3d>

- Nursing & Midwifery Board of Australia (NMBA). (2020b). *Decision-making framework summary: Midwifery*. Melbourne, VIC: NMBA. Retrieved from: <https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD19%2f29158&dbid=AP&chksum=N5Pfr8eT3mwahF4eTqLx%2fw%3d%3d>
- Nursing & Midwifery Board of Australia (NMBA). (2020c). *Fact sheet: Advanced nursing practice and specialty areas within nursing*. Melbourne, VIC: NMBA. Retrieved from: <http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD16%2f21634&dbid=AP&chksum=sLK71ybpoWvK3dj7SXUpWA%3d%3d>
- Nursing & Midwifery Board of Australia (NMBA). (2020d). Professional Codes and Guidelines. NMBA. Retrieved 26/04/23 from: <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements.aspx>
- Nursing & Midwifery Board of Australia (NMBA). (2021a). *Nurse practitioner standards for practice*. Melbourne, VIC: NMBA. Retrieved from: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx>
- Nursing & Midwifery Board of Australia (NMBA). (2021b). *Functions of the Board*. Nursing and Midwifery Board/Ahpra website. Accessed 23/04/2023 at: <https://www.nursingmidwiferyboard.gov.au/About.aspx>
- Nursing & Midwifery Board of Australia (NMBA). (2022a). Factsheet: *Scope of practice and capabilities for nurses and midwives*. Melbourne, VIC: NMBA. Retrieved from: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Fact-sheet-scope-of-practice-and-capabilities-of-nurses-and-midwives.aspx>
- Nursing & Midwifery Board of Australia (NMBA). (2022b). *Decision-making framework for nursing and midwifery*. Melbourne, VIC: NMBA. Retrieved from: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>
- Nursing & Midwifery Board of Australia (NMBA). (2022c). *Policy: Re-entry to practice for nurses and midwives*. Melbourne, VIC: NMBA. Retrieved from: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Policies/reentry-to-practice-policy.aspx>
- Nursing & Midwifery Board of Australia (NMBA). (2022d). *Factsheet: Re-entry to practice*. Melbourne, VIC: NMBA. Retrieved from: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/fact-sheet-reentry-to-practice.aspx>
- Nursing & Midwifery Board of Australia (NMBA). (2022e). *Supervised practice framework*. Melbourne, VIC: NMBA. Retrieved from: <https://www.ahpra.gov.au/Resources/Supervised-practice/Supervised-practice-framework.aspx>
- Nursing & Midwifery Board of Australia (NMBA). (2022f). *Fact sheet: Continuing professional development*. Melbourne, VIC: NMBA. Retrieved from: <https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD16%2f19495&dbid=AP&chksum=gIBIRNUIK27TneX%2bdJRYzg%3d%3d>
- Nursing & Midwifery Board of Australia (NMBA) & Australian Health Practitioner Regulation Agency (Ahpra). (2021). *Registration Standards*. Retrieved from: <https://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>
- Nutbeam, D. & Muscat, D. (2021) Health Promotion Glossary, *Health Promotion International*, Volume 36, Issue 6, December 2021, Pages 1578–1598, <https://doi.org/10.1093/heapro/daaa157>
- Nyoni, C., Dyk, L. & Botma, Y. (2021). Clinical placement models for undergraduate health professions students: a scoping review. *BMC Med Educ*, 21 (598). <https://doi.org/10.1186/s12909-021-03023-w>
- O'Connor, B. (2004). The workplace learning cycle: A problem-based curriculum model for the preparation of workplace learning professionals. *Journal of Workplace Learning*, 16 (6), 341-349. doi: 10.1108/1113665620410550312
- O'Donovan, R., Rogers, L., Khurshid, Z., De Brún, A., Nicholson, E., O'Shea, M., Ward, M. & McAuliffe, E. (2021).

- A systematic review exploring the impact of focal leader behaviours on health care team performance. *Journal of Nursing Management*. 29 (6), 1420-1443. <https://doi.org/10.1111/jonm.13403>
- Odor, H. (2019). A Literature Review on Organisational Learning and Learning Organisations. *International Journal of Information, Business and Management*. 11(3), 281–295. DOI: 10.4172/2162-6359.1000494
- Oldland, E., Botti, M., Hutchinson, A. and Redley, B. (2020). A framework of nurses' responsibilities for quality healthcare — Exploration of content validity. *Collegian*. 27 (2), 150-163. <https://doi.org/10.1016/j.colegn.2019.07.007>
- Orlik, W., Aleo, G., Kearns, T., Briody, J., Wray, J., Mahon, P., Gazic, M., Rados, N., Garcia Vivar, C., Crespo, M., & Fitzgerald, C. (2022). Economic evaluation of CPD activities for healthcare professionals: A scoping review. *Medical Education*. 56, pp. 972 – 982. Wileyonlinelibrary. Doi 10.1111/medu.14813.
- Osborne, K & Serich, C. (2020). *Exploring the recognition of prior learning in Australian VET*. Research Report National Centre for Vocational Education Research: Adelaide. Retrieved from: https://www.ncver.edu.au/_data/assets/pdf_file/0040/9660766/Exploring_the_recognition_of_prior_learning_in_Australian_VET.pdf
- Ozga, D., Gutysz-Wojnicka, A., Lewandowski, B. & Dobrowolska, B. (2020). The clinical learning environment, supervision and nurse teacher scale (CLES+T): psychometric properties measured in the context of postgraduate nursing education. *BMC Nursing*. 19 (61), 1-10. <https://doi.org/10.1186/s12912-020-00455-5>
- Parker, C., Johnston, S. & Theobald (2022). Promoting Person-Centered Care for Health Baccalaureate Students: Piloting an Interprofessional Education Approach to Wound Management. *Advances in Skin & Wound Care* 35 (10), 1-8. DOI: 10.1097/01.ASW.0000873684.24346.be
- Patel, K. & Metersky, K. (2021). Reflective practice in nursing: A concept analysis. *International Journal of Nursing Knowledge*. 33, 180-187. Doi: 10.1111/2047-3095.12350.
- Paull, M., Whitsed, C. & Girardi, A. (2016). Applying the Kirkpatrick model: Evaluating Interaction for Learning Framework curriculum interventions. In *Purveyors of fine learning since 1992. Proceedings of the 25th Annual Teaching Learning Forum*, 28-29 January 2016. Perth: Curtin University. Retrieved from: <http://ctl.curtin.edu.au/events/conferences/tlf/tlf2016/refereed/paull.pdf>
- Peck, D. (2023). The Kirkpatrick Model of Training Evaluation (with Examples). Retrieved from: [The Kirkpatrick Model of Training Evaluation \(with Examples\) | Devlin Peck](#)
- Phillips, C., Kenny, A., Esterman, A. & Smith, C. (2014). Does the choice of pre-registration paid employment impact on graduate nurse transition: An Australian Study. *Nurse Education Today*. 34(2014): 532-537.
- Phillips, J. (2003). *Handbook of Return on Investment in Training and Performance Improvement Programs*, (2nd ed), Boston: Butterworth- Heinemann. https://www.academia.edu/67845494/Jack_J_Phillips_Return_on_Investment_in_Training_and_Performance_Improvement_Programs_Second_Edition_Improving_Human_Performance
- Phillips, L. (2021). Succession Planning in Nursing Education. *Nursing Outlook*. 69 (1), 32-42. <https://doi.org/10.1016/j.outlook.2020.08.004>
- Pockett, R., Napier L. & Giles, R. (2013). *Critical Reflection for Practice*. In A. O'Hara & R. Pockett (Ed.), *Skills for Human Service Practice* (2nd ed.). (pp. 9). South Melbourne, Australia: Oxford.
- Pollock, A., Campbell, P., Deery, R., Fleming, M., Rankin, J., Sloan, G. & Cheyne, H. (2017). A systematic review of evidence relating to clinical supervision for nurses, midwives and allied health professionals. *Journal of Advanced Nursing (John Wiley & Sons, Inc.)*, 73 (8), 1825-1837. doi:10.1111/jan.13253.
- Pool, I., Poell, R. & ten Cate, O. (2012). Nurses' and managers' perceptions of continuing professional development for older and younger nurses: A focus group study. *International Journal of Nursing Studies*, 50, 34-43. doi: 10.1016/j.ijnurstu.2012.08.009

- Power, A. & Wilson, A. (2019). Mentor, coach, teacher, role model: what's in a name? *British Journal of Midwifery*. 27 (3), 184-187. Retrieved from: <https://www.magonlinelibrary.com/doi/pdf/10.12968%2Fbjom.2019.27.3.184>
- Powers, K., Herron, E. & Pagel, J. (2019). Nurse Preceptor Role in New Graduate Nurses' Transition to Practice. *Dimensions of Critical Care Nursing*, 38 (3), 131-136. doi: 10.1097/DCC.0000000000000354.
- Queensland Government. (2009). *Human Resource Policy B37: Indigenous Cadetship Support Program*. Brisbane, Queensland: Queensland Government. Retrieved from: https://www.health.qld.gov.au/_data/assets/pdf_file/0028/396019/qh-pol-142.pdf
- Queensland Government. (2011). *Code of Conduct for the Queensland Public Service*. Brisbane, QLD: Queensland Government.
- Queensland Government. (2020a) *General Retention and Disposal Schedule*. P170, section 2079. Retrieved from: <https://www.forgov.qld.gov.au/information-and-communication-technology/recordkeeping-and-information-management/recordkeeping/disposal-of-records/search-for-a-retention-and-disposal-schedule/general-retention-and-disposal-schedule-grds>
- Queensland Government. (2020b). *Health Sector (Corporate Records) Retention and Disposal Schedule*. P12, section 2572. Retrieved from: https://www.forgov.qld.gov.au/_data/assets/pdf_file/0019/203581/Health-Sector-Clinical-Records-Retention-and-Disposal-Schedule.pdf
- Queensland Government. (2020c). Positive performance management: Directive 15/20. Public Service Commission. Retrieved from: https://www.forgov.qld.gov.au/_data/assets/pdf_file/0029/187832/directive-15-20-positive-performance-management.pdf
- Queensland Government. (2021). *Guide to school-based apprenticeships and traineeships*. Version 8 Queensland Government: Department of Small Business and Training. URL: <https://www.publications.qld.gov.au/dataset/333aa561-0825-435b-941a-8535a62ea858/resource/42f58c4>
- Queensland Government. (2022a). *Extended Practice Authority 'Registered Nurses'*. Retrieved from: <https://www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines-poisons-act/legislation-standards>
- Queensland Government. (2022b). *Extended Practice Authority 'Midwives'*. Retrieved from: <https://www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines-poisons-act/legislation-standards>
- Queensland Government. (2022c). *Recognition of prior learning (RPL)*. Department of Employment, Small Business and Training website. Retrieved 05/04/2023 from: <https://desbt.qld.gov.au/training/training-careers/recognition/rpl>
- Queensland Government (Clinical Excellence Division). (n.d.) Office of the Chief Nursing and Midwifery Officer Strategic Plan. Retrieved from: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwj2tuY-Ov9AhVJpekKHQTcBpIQFnoECA0QAw&url=https%3A%2F%2Fwww.health.qld.gov.au%2F_data%2Fasset%2Fpdf_file%2F0020%2F722360%2FOCNMO_Strategic_Plan.pdf&usq=AOvVaw3VqSRPgSOZrmwumHi1Rv
- Queensland Health. (2009). *Clinical Supervision Guidelines for Mental Health Services*. Brisbane, QLD: Queensland Government. Retrieved from: https://www.health.qld.gov.au/_data/assets/pdf_file/0026/371627/superguide_2009.pdf
- Queensland Health. (2015). *Workforce Diversity and Inclusion Strategy 2017-2022*. Brisbane, QLD: Department of Health (Qld). Retrieved from: https://www.health.qld.gov.au/_data/assets/pdf_file/0033/667167/qh-diversity-and-inclusion-strategy.pdf

- Queensland Health. (2020). *Strategic health workforce planning framework guide*. Retrieved from <https://www.health.qld.gov.au/system-governance/strategic-direction/plans/health-workforce-strategy/strategic-health-workforce-planning-framework/overview-of-the-strategic-health-workforce-planning-framework>
- Queensland Health. (2021a). *Human Resource Policy G11: Performance Improvement*. Brisbane, QLD: Department of Health (Qld). Retrieved from: https://www.health.qld.gov.au/_data/assets/pdf_file/0023/164129/qh-pol-190.pdf
- Queensland Health. (2021b). *Human Resource Policy G9: Performance and Development*. Brisbane, QLD: Department of Health (Qld). Retrieved from: https://www.health.qld.gov.au/_data/assets/pdf_file/0038/395948/qh-pol-189.pdf
- Queensland Health. (2021c). *Human Resource Policy G6 (QH-POL-183): Mandatory training*. Brisbane, QLD: Department of Health (Qld). Retrieved from: https://www.health.qld.gov.au/_data/assets/pdf_file/0034/395845/qh-pol-183.pdf
- Queensland Health. (2021d). *Human Resource Policy E12 (QH-POL-140): Individual employee grievances*. Brisbane, QLD: Department of Health (Qld). Retrieved from: https://www.health.qld.gov.au/_data/assets/pdf_file/0025/164095/qh-pol-140.pdf
- Queensland Health. (2021e). *Health Service Directive: Credentialing and defining the scope of clinical practice*. Retrieved from <https://www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/credentialing-and-defining-the-scope-of-clinical-practice>
- Queensland Health. (2022a). *Department of Health Strategic Plan 2021-2025 (November 2022 update)*. Department of Health (Queensland Health): Brisbane. Retrieved from: <https://www.health.qld.gov.au/system-governance/strategic-direction/plans/doh-plan>
- Queensland Health. (2022b). *Clinical placements*. Queensland Government. <https://www.health.qld.gov.au/employment/clinical-placement/resources>
- Queensland Industrial Relations Commission (QIRC). (2022a). *Nurses and Midwives (Queensland Health) Award – State 2015 (2022 State Wage Case Reprint)*. Brisbane, QLD: Queensland Industrial Relations Commission (QIRC). Retrieved from: <https://www.health.qld.gov.au/employment/conditions/awards-agreements/current>
- Queensland Industrial Relations Commission (QIRC). (2022b). *Nurses and Midwives (Queensland Health and Department of Education) Certified Agreement (EB11)*. Brisbane, QLD: Queensland Industrial Relations Commission (QIRC). Retrieved from: <https://www.health.qld.gov.au/employment/conditions/awards-agreements/current>
- Queensland Nurses' and Midwives' Union of Employees (QNMU). (2020). *Positive Practice Environment Standards for Nursing and Midwifery*. Brisbane: QNMU Office. <https://www.qnmu.org.au/Web/Campaigns/PPE-Standards.aspx>
- Queensland University of Technology (QUT). (n.d.). *Credit for Prior Learning*. Retrieved 24/04/2023 from: <https://qutvirtual4.qut.edu.au/group/student/enrolment/plan-your-studies/credit-for-prior-learning>
- Queensland University of Technology (QUT). (2021). *Policy E/4.2 Advanced standing*. Retrieved 24/04/2023 from: https://www.mopp.qut.edu.au/E/E_04_02.jsp
- Queensland University of Technology (QUT). (2022). *Policy C/5.4 Recognition of prior learning*. Retrieved 24/04/2023 from: https://www.mopp.qut.edu.au/C/C_05_04.jsp
- Quek, G., Ho, G., Hassan, N. & Quek, S. (2019). Perceptions of preceptorship among newly graduated nurses and preceptors: A descriptive qualitative study. *Nurse Education in Practice*. Vol 37, 62-67. <https://doi.org/10.1016/j.nepr.2019.05.001>
- Quinn, F. & Hughes, S. (Eds.). (2013). *Principles and practices of Nurse Education* (6th ed.). Cheltenham: Nelson Thornes Ltd.

- Raban, B., Nolan, A., Waniganayake, M., Ure, C., Brown, R. & Deans, J. (2007). *Building Capacity Strategic professional development for early childhood practitioners*. Melbourne: Thomson Social Science Press.
- Rafferty, A., Xyrichis, A. & Caldwell, C. (2015). *Post-graduate education and career pathways in nursing: a policy brief*. London, UK: King's College London.
- Rainbow, J. & Steege, L. (2019). Transition to practice experiences of first- and second- career nurses: A mixed-methods study. *Journal of Clinical Nursing*. 28, 1193-1204. <https://doi.org/10.1111/jocn.14726>
- Registered Nurses' Association of Ontario. (2007). *Professionalism in Nursing*. Toronto, Canada: Registered Nurses' Association of Ontario. Retrieved from: http://rnao.ca/sites/rnao-ca/files/Professionalism_in_Nursing.pdf
- Registered Nurses' Association of Ontario. (2014). *Full and expanded scope of practice*. Toronto, Canada: Registered Nurses' Association of Ontario. Retrieved from: <http://rnao.ca/sites/rnao-ca/files/vision-docs/RNAO-Vision-Full-and-Expanded-Scope-of-Practice.pdf>
- Reio Jr, T., Rocco, T., Smith, D. & Chang, E. (2017). A Critique of Kirkpatrick's Evaluation Model. *New Horizons in Adult Education & Human Resource Development*, 29 (2): 35-53. Retrieved from: <http://web.a.ebscohost.com.ezproxy.scu.edu.au/ehost/pdfviewer/pdfviewer?vid=3&sid=1443a450-1941-4e99-9611-0246cf567309%40sessionmgr4008>
- Rennie, I. (2009). Exploring approaches to clinical skills development in nursing education. *Nursing Times*, 105 (3): 20-22.
- Riddle, D., Hoole, E. & Gullette, E. (Eds). (2015). *The Centre for Creative Leadership Handbook of Coaching in Organisations*. San Francisco, CA: Jossey Bass.
- Riley, N. (2020). Professional CPD - more than a mandated requirement. *Australian Nursing & Midwifery Journal*, 26 (10), 38-38. <http://anmf.org.au/>
- Rischel, C. (2013). Professional Development for Oncology Nurses: A Commitment to Lifelong Learning. *Oncology Nursing Forum*, 40 (6), 537-539.
- Rodriguez, M. (2021). *The importance of learning pathways*. Retrieved from Chief Learning Officer website 04/04/2023 at: <https://www.chieflearningofficer.com/2021/04/19/the-importance-of-learning-pathways/>
- Ross, K., Barr, J. & Stevens, J. (2013). Mandatory continuing professional development requirements: what does this mean for Australian nurses. *BMC Nursing*, 12 (9): 1-7. doi: 10.1186/1472-6955-12-9. Retrieved from: <https://bmcnurs.biomedcentral.com/track/pdf/10.1186/1472-6955-12-9?site=bmcnurs.biomedcentral.com>
- Rothwell, W. (2010). *Effective Succession Planning - Ensuring leadership continuity and building talent from within* (4th ed.). New York, NY: AMACOM – American Management Association.
- Rush, K., Adamack, M., Gordon, J., Janke, R. & Ghement, I. (2013a). Orientation and transition programme component predictors of new graduate workplace integration. *Journal of Nursing Management*, 2013: 1-13.
- Rush, K., Adamack, M., Janke, R., Gordon, J. & Ghement, I. (2013b). The helpfulness and timing of transition program education. *Journal for Nurses in Professional Development*. 29 (4): 191-196.
- Rush, K., Janke, R., Duchscher, J., Phillips, R. & Kaur, S. (2019). Best practices of formal new graduate transition programs: An integrative review. *International Journal of Nursing Studies*. Vol 94, 139-158. <https://doi.org/10.1016/j.ijnurstu.2019.02.010>
- Saban, M., Drach-Zahavy, A. & Dagan, E. (2021). A novel reflective practice intervention improves quality of care in the emergency department. *International Emergency Nursing*. 56 (100977), 1-6. <https://doi.org/10.1016/j.ienj.2021.100977>
- Salamonson, Y., Maneze, D., Smith, B., Duff, J., Theobald, K., Montayre, J., McTier, L. & Donnelly, F. (2023). Are men treated differently in clinical placements during nursing studies? A cross-sectional study. *Journal of Clinical Nursing*, 00, 1– 12. <https://doi.org/10.1111/jocn.16760>

- Samarasekera, D., Nyoni, C., Amaral, E. & Grant, J. (2022) Challenges and opportunities in interprofessional education and practice. *The Lancet*. 400 (10362), 1495-1497. [https://doi.org/10.1016/S0140-6736\(22\)02086-4](https://doi.org/10.1016/S0140-6736(22)02086-4)
- Sandehang, P., Hariyati, R. & Rachmawati, I. (2019). Nurse career mapping: a qualitative case study of a new hospital. *BMC Nursing*. 18 (suppl 1), 13. <https://doi.org/10.1186/s12912-019-0353-z>
- Sandford Worral, P. (2023). Evaluation in Healthcare Education. In Bastable S. B. (6th Eds.), *Nurse as Educator, Principles of Teaching and Learning for Nursing Practice* (pp. 629-665). Jones & Bartlett Learning.
- Savul, S., Ikram, A., Khan, M. & Khan, M. (2021). Evaluation of Infection Prevention and Control Training Workshops Using Kirkpatrick's Model. *International Journal of Infectious Diseases*. Elsevier. 112, 76 – 80.
- Sawatzky, J. & Enns, C. (2009). A mentoring needs assessment: validating mentorship in nursing education. *Journal of Professional Nursing*, 25 (3): 145-150.
- Scivicque, C. (2021). *Professional Development Plan Basics: The Purpose and Benefits of a PDP*. Eat Your Career website. Retrieved 05/04/2023 from: <https://eatyourcareer.com/2019/06/professional-development-plan-basics-the-purpose-and-benefits-of-a-pdp/>
- Schmets, G., Rajan, D. & Kadandale, S. (Eds.). (2016). *Strategizing national health in the 21st century: a handbook*. Geneva: World Health Organization (WHO). Retrieved from: <http://www.who.int/healthsystems/publications/nhpsp-handbook/en/>
- Schot, E., Tummers, L. & Noordegraaf, M. (2020). Working on working together. A systematic review on how healthcare professionals contribute to interprofessional collaboration. *Journal of Interprofessional Care*, 34 (3), 332-342, DOI: 10.1080/13561820.2019.1636007
- Schoonbeek, S. & Henderson, A. (2011). Shifting Workplace Behaviour to Inspire Learning: A Journey to Building a Learning Culture. *The Journal of Continuing Education in Nursing*, 42 (1), 43-48.
- Schwartz, S. (2019). Educating the Nurse of the Future Report of the Independent Review of Nursing Education. Commonwealth of Australia 2019.
- Scott, C. (2015). The Futures of Learning 3: What kind of pedagogies for the 21st century? *Education Research and Foresight Working Papers*. Paris, France: United Nations Educational, Scientific and Cultural Organization (UNESCO). Retrieved from: <http://unesdoc.unesco.org/images/0024/002431/243126e.pdf>
- Scottish Social Services Council (SSSC). (2014). *Mentoring: Supporting and Promoting Professional Development and Learning*. Retrieved from: <http://www.stepintoleadership.info/assets/pdf/SSSC%20Mentoring%20guidance.pdf>
- Scottish Social Services Council (SSSC). (2016). *Supervision Learning Resource*. Retrieved from: <http://www.stepintoleadership.info/assets/pdf/SSSC-Supervision-learning-resource-Sept-16.pdf>
- Serrat, O. (2017). *Knowledge Solutions*. Singapore: Springer Open.
- Shinners, J. & Franqueiro, T. (2015). Preceptor skills and characteristics: Considerations for preceptor education. *The Journal of Continuing Education*, 46 (5): 233-236.
- Sidebotham, M. & Fenwick, J. (2019). Midwifery students' experiences of working within a midwifery caseload model. *Midwifery*. 74:21-28 DOI: 10.1016/j.midw.2019.03.008
- Simmonds, P. (2003). Continuing professional development and workplace learning 2: CPD and you – how CILIP is meeting the continuing professional development needs of its members. *Library Management*, 24 (3): 169-170. doi: 10.1108/01435120310464899. Retrieved from: <http://www.emeraldinsight.com/doi/pdfplus/10.1108/01435120310464899>
- Sjukhusläkaren (2005). Policy statement on continuing medical education and continuing professional development [Online]. Retrieved from: http://www.sjukhuslakaren.org/601-cp_plarform.html

- Skees, J. (2010). Continuing education: A bridge to excellence in critical care nursing. *Critical care Nursing Quarterly*, 33(2): 104-116.
- Slade, M., Amering, M., Farkas, M., Hamilton, B., O'Hagan, M., Panther, G., Perkins, R., Shepherd, G., Tse, S. & Whitley, R. (2014). Uses and abuses of recovery: Implementing recovery-oriented practices in mental health systems. *World Psychiatry*, 13(1): 12-20. Retrieved from: <https://www.ncbi-nlm-nih-gov.ezproxy.scu.edu.au/pmc/articles/PMC3918008/>
- Sockalingham, S., Rajaratnam, T., Gambin, A., Soklardis, S., Serhal, S. & Crawford, A. (2022). Interprofessional continuing professional development programs can foster lifelong learning in health care professionals: experiences for the Project ECHO model. *BMC Medical Education*. 22: 432. <https://doi.org/10.1186/s12909-022-03500-w>
- South African Qualifications Authority (SAQA). (2015). *Continuing Professional Development (CPD) Practices in Recognised Professional Bodies*. Pretoria, South Africa: SAQA. Retrieved from: https://www.fpi.co.za/documents/CPD_research_paper_Sept2015.pdf
- Spacey, J. (2017). 8 Types of Organizational Knowledge. *Simpllicable*. Retrieved from: <https://simpllicable.com/new/organizational-knowledge>
- State of Queensland (Department of the Premier and Cabinet). (2022). *Agency Planning Requirements*. Retrieved from https://www.qld.gov.au/_data/assets/pdf_file/0020/259121/agency-planning-requirements.pdf
- State of Queensland (Jobs Queensland). (2020). *Lifelong learning: The foundation of future work*. Retrieved from <https://jobsqueensland.qld.gov.au/projects/lifelonglearning/>
- State of Queensland (Public Service Commission). (n.d.). *Leadership Competencies for Queensland*. Queensland Government.
- State of Queensland (Public Service Commission). (2008). *Queensland Public Service Capability and Leadership Framework*. Queensland Government: Brisbane.
- State of Queensland (Queensland Health), (n.d.[a]). *Preceptor Training Program for Nurses and Midwives – Queensland Health (Overview)*. Queensland Government: Brisbane. Retrieved from: https://qhps.health.qld.gov.au/_data/assets/pdf_file/0029/2371835/preceptor-training-overview.pdf
- State of Queensland (Queensland Health). (n.d.[b]). *Queensland Health Workforce Strategy action plan; Horizon 1 2022 – 2024*. Queensland Government: Brisbane. Pending publication.
- State of Queensland (Queensland Health). (2010 [Reprint, 2015]). *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 – 2033*. Retrieved from: https://qhps.health.qld.gov.au/_data/assets/pdf_file/0030/524784/ccfw_10122015.pdf
- State of Queensland (Queensland Health). (2016a). *Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2026*. Department of Health: Brisbane. Retrieved from: https://www.health.qld.gov.au/_data/assets/pdf_file/0023/628340/aboriginal-torres-strait-islander-workforce-framework.pdf
- State of Queensland (Queensland Health). (2016b). *My health, Queensland's future: Advancing health 2026*. Department of Health: Brisbane. Retrieved from: https://www.health.qld.gov.au/_data/assets/pdf_file/0025/441655/vision-strat-healthy-qld.pdf
- State of Queensland (Queensland Health). (2017). *Advancing health service delivery through workforce: A strategy for Queensland 2017 to 2026*. Department of Health: Brisbane. Retrieved from: https://www.health.qld.gov.au/_data/assets/pdf_file/0039/657993/QH959-Advancing-Health-Service-Workforce-publication-WEB-2.pdf
- State of Queensland (Queensland Health). (2018a). *Framework for Lifelong Learning for Nurses and Midwives – Queensland Health*. Department of Health: Brisbane. Retrieved from: https://www.health.qld.gov.au/_data/assets/pdf_file/0032/725783/framework-lifelong-learning.pdf

- State of Queensland (Queensland Health). (2018b). *Orientation to Role Packages*. Department of Health: Brisbane. Retrieved from: <https://qheps.health.qld.gov.au/nmoq/education/orientation-packages>
- State of Queensland (Queensland Health). (2019a). *Queensland Health System Outlook to 2026 for a sustainable health service*. System Planning Branch, Queensland Health: Brisbane. Retrieved from: <https://www.publications.qld.gov.au/dataset/service-agreements-for-hhs-hospital-and-health-services-supporting-documents/resource/985068f6-151a-4743-8d80-1e17ee9d92a0>
- State of Queensland (Queensland Health). (2019b). *Succession Management and Mentoring Manual and Toolkit for Nurses and Midwives*. Queensland Government: Brisbane. Retrieved from: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0032/2371838/succesion-managment-toolkit.pdf
- State of Queensland (Queensland Health). (2019c). *HHS Facilities Acute Care Curriculum Document (Transition Support Program – Acute Care)*. Queensland Government: Brisbane.
- State of Queensland (Queensland Health). (2019d). *Preceptor training program handbook for nurses and midwives*. Queensland Government: Brisbane.
- State of Queensland (Queensland Health). (2020a). *Prevention Strategic Framework 2017 – 2026*. Prevention Division, Department of Health: Brisbane. Retrieved from: https://www.health.qld.gov.au/_data/assets/pdf_file/0036/651798/prevention-strategic-framework.pdf
- State of Queensland (Queensland Health). (2020b). *Nursing and Midwifery Research Framework*. Department of Health: Brisbane. Retrieved from: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0035/2539871/nurse-midwife-research-framework.pdf
- State of Queensland (Queensland Health). (2020c). *Nursing and Midwifery Supplemental Research Toolkit and Resources*. Department of Health: Brisbane. Retrieved from: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0029/2541575/nurse-research-supp-resource-toolkit.pdf
- State of Queensland (Queensland Health). (2020d). *Nursing and Midwifery Research Framework – Queensland Health: Overview*. Department of Health: Brisbane. Retrieved from: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0019/2540404/research-framework-overview.pdf
- State of Queensland (Queensland Health). (2020e). *Nursing and Midwifery Supplemental Research Toolkit and Resources – Queensland Health: Research process – Quick reference and resource guide*. Department of Health: Brisbane. Retrieved from: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0035/2548646/research-process-qrg.pdf
- State of Queensland (Queensland Health). (2021a). *Business Planning Framework: The methodology for nursing and midwifery workload management*, (6th edition) Brisbane: Queensland Government. Retrieved from: https://www.health.qld.gov.au/_data/assets/pdf_file/0022/1103773/bpf-2021.pdf
- State of Queensland (Queensland Health). (2021b). *Clinical Supervision Framework for Queensland Nurses and Midwives*. Brisbane: Queensland. Retrieved from: <https://qheps.health.qld.gov.au/nmoq/education/clinical-supervision-framework>
- State of Queensland (Queensland Health). (2021c). *Assessor Preparation Resource*. Brisbane: Queensland. Retrieved from: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0033/2684445/assessor-preparation-resource.pdf
- State of Queensland (Queensland Health). (2021d). *The Recognition of Prior Learning Assessor Guide*. Brisbane: Queensland. Retrieved from: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0037/2684449/recognition-prior-learning-assessor-guide.pdf
- State of Queensland (Queensland Health). (2021e). *The Recognition of Prior Learning Application Resource Package*. Brisbane: Queensland. Retrieved from: https://qheps.health.qld.gov.au/_data/assets/pdf_file/0036/2684448/recognition-prior-learning-resource-

[package.pdf](#)

- State of Queensland (Queensland Health). (2022a). *Clinical Services Capability Framework website*. Brisbane, QLD: Department of Health (Qld). Retrieved from: <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/service-delivery/cscf/modules>
- State of Queensland (Queensland Health). (2022b). *Queensland Rural and Remote Health & Wellbeing Strategy 2022-2027 Handbook*. Rural and Remote Health, Queensland Health: Brisbane. Retrieved from: https://www.health.qld.gov.au/_data/assets/pdf_file/0020/1142066/Rural-and-Remote-Health-and-Wellbeing-Strategy-2022-2027.pdf
- State of Queensland (Queensland Health). (2023a). *Leadership Strategy for Nurses and Midwives*. Brisbane: Queensland. Retrieved from: <https://qheps.health.qld.gov.au/nmoq/professional-capability/leadership>
- State of Queensland (Queensland Health). (2023b). *Career Pathways for Nurses and Midwives*. Brisbane: Queensland. Retrieved from: <https://qheps.health.qld.gov.au/nmoq/education/career-pathways>
- State of Queensland (Queensland Health). (2023c). *HealthQ32; A vision for Queensland's Health system*. Department of Health: Brisbane. Retrieved from: <https://www.health.qld.gov.au/system-governance/strategic-direction/plans/healthq32>
- State of Queensland (Queensland Health). (2023d). *Supported Practice Framework for Nurses and Midwives*. Brisbane: Queensland. Retrieved from: <https://qheps.health.qld.gov.au/nmoq/education>
- State of Queensland (Queensland Health). (2023e). *Orientation to Role Packages for Nurses and Midwives*. Department of Health: Brisbane. Retrieved from: <https://qheps.health.qld.gov.au/nmoq/education/orientation-packages>
- State of Queensland (Queensland Health) and Queensland Aboriginal and Islander Health Council (QAIHC). (2021). *Making Tracks Together; Queensland's Aboriginal and Torres Strait Islander Health Equity Framework*. Department of Health: Brisbane. Retrieved from: <https://www.health.qld.gov.au/public-health/groups/atsihealth/making-tracks-together-queenslands-atsi-health-equity-framework>
- State of Victoria. (2016). *The Best Practice Clinical Learning Environment Framework*. Victorian Government: Melbourne. Retrieved from: https://bpcltool.net.au/media/medialibrary/2016/09/BPCLE_Framework_Aug_2016.pdf
- Stella, S. (2012). *Lifelong Learning - Education and Training - Learning and Teaching Methodology*, FIG Working Week 2012, Knowing to manage the territory, protect the environment, evaluate the cultural heritage. Rome, Italy, May 2012, 6-10.
- Stoll, L. (2004). *Leadership learning: Designing a connected strategy*, IARTV Seminar Series Paper, 135: August, IARTV.
- Stonehouse, D. (2019). Reflection and you. *British Journal of Healthcare Assistants*. 14 (11), 572-574.
- Strudwick, L. (2017) *Training for Assessors: A collection of activities for training and assessment centre assessors, roleplayers and resource persons*. New York: Routledge.
- SuccessFactors. (2018). *Importance of performance management process & best practices to optimize monitoring performance work reviews/feedback and goal management*. Sydney, NSW: SAP Company. Retrieved from: https://www.successfactors.com/en_us/lp/articles/optimize-performance-management.html
- Sweet, W., Bazargan, M., McKellar, L., Gray, J. & Henderson, A. (2018). Validation of the Australian Midwifery Standards Assessment Tool (AMSAT): A tool to assess midwifery competence. *Women and Birth*. 31 (1): 59-68. DOI: 10.1016/j.wombi.2017.06.017
- Sydney Local Health District (SLHD). (2017). *Clinical Nurse/Midwifery Educator Professional Development Pathway (2nd ed.)*. Sydney, NSW: NSW Government. Retrieved from: https://www.slhd.nsw.gov.au/nursing/pdf/CNE_PD_Pathway.pdf

- Tachtsoglou, K., Iliadis, C., Frantzana, A., Papathanasiou, I., Mantzaris, D. & Kourkouta, L. (2021). Modern Lifelong Teaching Strategies in Nursing Education. *International Journal of Caring Sciences*. 14 (1) pp 781-786.
- Temmerman, N. (2020). *Towards seamless progression on learning pathways*. Retrieved from: University World News e-newsletter 04/04/2023 at <https://www.universityworldnews.com/post.php?story=20200717150839625>
- Ten Ham-Baloyi, W. (2022). Nurses' roles in changing practice through implementing best practices: A systematic review. *Health SA*. May 25;27:1776. doi: 10.4102/hsag.v27i0.1776. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9210184/>
- Theobald, K., Coyer, M., Henderson, J., Fox, R., Thomson, B. & McCarthy, A. (2021). Developing a postgraduate professional education framework for emergency nursing: a co-design approach. *BMC Nursing*. 20 (43). <https://doi.org/10.1186/s12912-021-00560-z>
- Thompson, L., Lin, F., Faithfull-Byrne, A., Gonzales, J., Naumann, A., Geisler, K. & Moss, C. (2021). Clinical coaches and patient safety – Just in time: A descriptive exploratory study. *Nurse Education in Practice*. Vol 54, 103134-103134. <https://doi.org/10.1016/j.nepr.2021.103134>
- Thorne, S.E. (2006). Nursing Education: Key Issues for the 21st Century. *Nurse Education Today*, 26: 614-621.
- Thornton, K. (2018) Australian Hospital-Based Nurse Educators' Perceptions of Their Role. *The Journal of Continuing Education in Nursing*. 49 (6). Doi: 10.3928/00220124-20180517-08
- Tiwaken, S., Caranto, L. & David, J. (2015). The Real World: Lived Experiences of Student Nurses during Clinical Practice. *International Journal of Nursing Science*, 5 (2): 66-75. doi: 10.5923/j.nursing.20150502.05. Retrieved from: <https://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&source=web&cd=5&ved=0ahUKEwiUzKSnbHZAhWK2LwKHXgKBekQFghOMAAQ&url=http%3A%2F%2Fwww.sapub.org%2Fglobal%2Fshowpaperpdf.aspx%3Fdoi%3D10.5923%2Fj.nursing.20150502.05&usq=AOvVaw339NuPqL9paXP5qgHZs4C0>
- Tran, K., Nguyen, P., Dang, T. & Ton, T. (2018). The Impacts of the High-Quality Workplace Relationships on Job Performance: A Perspective on Staff Nurses in Vietnam. *Behavioral Sciences*.8(12),109. <https://doi.org/10.3390/bs8120109>
- Trede, F., Sutton, K. & Bernoth, M. (2015). Conceptualisations and perceptions of the nurse preceptor's role: A scoping review. *Nurse Education Today*, 36(Jan): 268-274. Retrieved from: https://ac-els-cdn-com.ezproxy.scu.edu.au/S0260691715003020/1-s2.0-S0260691715003020-main.pdf?_tid=47240b5c-cc48-4c23-bd0b-5d6cd270c079&acdnat=1524522091_0b9b4ff285dbba062e0f0424e4f4fe8f
- Tsimane, T., & Downing, C. (2020). Transformative learning in nursing education: A concept analysis. *International Journal of Nursing Sciences*, 7(1), 91-98. <https://doi.org/10.1016/j.ijnss.2019.12.006>
- Ulrich, B. T. (2019) *Mastering Precepting (2nd edition)*. Indianapolis: Sigma Theta Tau International Honor Society of Nursing.
- Underhill, M. (2017). Succession planning: Are you innovative or stuck in the mud? *HRM* (4 January 2017). Melbourne, VIC: Australian HR Institute. Retrieved from: <http://www.hrmonline.com.au/section/strategic-hr/succession-planning-driving-change/>
- United Nations Educational, Scientific and Cultural Organization (UNESCO) Institute for Lifelong Learning. (2020). *Embracing a culture of lifelong learning. Contribution to the Futures of Education initiative*. Hamburg, Germany: UNESCO Institute for Lifelong Learning Retrieved from <https://unesdoc.unesco.org/ark:/48223/pf0000374112>
- University of New South Wales (UNSW). (2015). Academic Mentoring Program – Guidelines for participants. Kensington, NSW: UNSW. Retrieved from: <https://www.hr.unsw.edu.au/services/peopleandculture/BEADMentoringGuidelines2015.pdf>
- University of Queensland. (2021). *Policy 3.50.11 Awards*. Retrieved from:

- <https://ppl.app.uq.edu.au/content/3.50.11-awards#Forms>
- Urban, R. & Barnes, D. (2020). Transition to Practice: The Lived Experience of New Graduate Nurses in Early Solo Flight. *Journal for Nurses in Professional Development*. 36 (2), 74-81.
- Valamis. (2023). The Kirkpatrick Model. Valamis website. Retrieved from: [The Kirkpatrick Model of Training Evaluation: Guide \(valamis.com\)](https://www.valamis.com/the-kirkpatrick-model-of-training-evaluation-guide)
- Valizadeh, S., Borimnejad, L., Rahmani, A., Gholizadeh, L. & Shabazi, S. (2016). Challenges of the preceptors working with new nurses: A phenomenological research study. *Nurse Education Today*, 44(9): 92-97. Retrieved from: <https://www.sciencedirect.com.ezproxy.scu.edu.au/science/article/pii/S026069171630079X>
- van Diggele, C., Roberts, C., Burgess, A. & Mellis, C. (2020). Interprofessional education: tips for design and implementation. *BMC Med Educ*. 20 (Suppl 2), 455. <https://doi.org/10.1186/s12909-020-02286-z>
- van Dongen, L. & Hafsteinsdóttir, T. (2022). Leadership of PhD-prepared nurses working in hospitals and its influence on career development: A qualitative study. *Journal of Clinical Nursing*, 31: 3414-3427. <https://doi.org/10.1111/jocn.16168>
- Vangen, S & Huxham, C. (2003). Nurturing collaborative relations: building Trust in Interorganizational Collaboration. *Journal of Applied Behavioral Science*. 39 (1), 5–31. <https://doi.org/10.1177/0021886303039001001>
- van Lierop, M., Meijers, J., van Rossum, E, Rutten, J., Thoma-Lürken, T. & Zqakhale, S. (2022). How to establish workplace learning in long-term care: results from a World Café dialogue. *BMC Nursing*. 21, 241. <https://doi.org/10.1186/s12912-022-00999-8>
- Vázquez-Calatayud, M., Errasti-Ibarrondo, B. & Choperena, A. (2021). Nurses' continuing professional development: A systematic literature review. *Nurse Education in Practice*. 50: 102963. DOI: [10.1016/j.nepr.2020.102963](https://doi.org/10.1016/j.nepr.2020.102963)
- Victorian Public Sector Commission. (2015). *Great managers, great results: Development framework for Victorian Public Sector Managers*. Melbourne: Victorian State Government. Retrieved from: http://vpssc.vic.gov.au/wp-content/uploads/2015/03/Great-Manager-Great-Results-Development-Framework-D10_5238.pdf
- Wagoner-Duncan, T. & Tinsley, A. (2023). Nursing Career Coach: The Difference. *Nurse Leader*. 21 (2), 259-261. <https://doi.org/10.1016/j.mnl.2022.07.001>
- Ward, A. & McComb, S. (2017). Precepting: A literature review. *Journal of Professional Nursing*, 33 (5): 314-325. Retrieved from: https://ac-els-cdn-com.ezproxy.scu.edu.au/S8755722316300655/1-s2.0-S8755722316300655-main.pdf?_tid=8624a71f-0bc2-412d-9234-0e5a447c3b44&acdnat=1524524370_ddaafb48cf4935f525fe46a7b681fb51
- Watling, C. & Ginsburg, S. (2019). Assessment, feedback and the alchemy of learning. *Medical Education*. 53, 76 – 85. Doi: 10.1111/medu.13645.
- Wendler, M., Olson-Sitki, K. & Prater, M. (2009). Succession planning for RNs: implementing a nurse management internship. *Journal of Nursing Administration*, 39(7-8): 326-333.
- Weselby, C. (2014). Nurse Preceptor: A Vital Role. *Wilkes University Nursing Community Journal*. Retrieved from: <https://onlinenursing.wilkes.edu/nurse-preceptor-vital-role/>
- White, D., Oelke, N., Besner, J., Doran, D., McGillis Hall, L. & Giovannetti, P. (2008). Nursing Scope of Practice: Descriptions and Challenges. *Nursing Leadership*, 21 (1): 44-57. Retrieved from: https://www.researchgate.net/profile/Phyllis_Giovannetti/publication/5403378_Nursing_Scope_of_Practice_Descriptions_and_Challenges/links/0deec51b28d1ddf481000000/Nursing-Scope-of-Practice-Descriptions-and-Challenges.pdf
- Whitehead, B., Owen, P., Holmes, D., Beddingham, E., Simmons, M., Henshaw, L., Barton, M. & Walker, C. (2013). Supporting newly qualified nurses in the UK: a systematic review of the literature. *Nurse Education*

- Today. 33 (4): 370-377. Retrieved from: <https://www-sciencedirect-com.ezproxy.scu.edu.au/science/article/pii/S0260691713000105>
- Whitehead, B., Owen, P., Henshaw, L., Beddingham, E. & Simmons, M. (2015). Supporting newly qualified nurse transition: A case study in a UK hospital. *Nurse Education Today*, 36 (1): 58-63. Retrieved from: <https://www-sciencedirect-com.ezproxy.scu.edu.au/science/article/pii/S0260691715002786>
- Whitehead, D., Welch Dittman, P. & McNulty, D. (2017). *Leadership and the Advanced Practice Nurse: The Future of a Changing Health-Care Environment*. Philadelphia, PA: F.A. Davis Company.
- Wilhelm, F. & Hirschi, A. (2019). Career Self-Management as a Key Factor for Career Wellbeing. In Potgieter, I., Ferreira, N., Coetzee, M. (eds), *Theory, Research and Dynamics of Career Wellbeing*. 117-137. Springer, Cham. https://doi.org/10.1007/978-3-030-28180-9_6
- Wolcott, M., McLaughlin, J., Hann, A., Miklavec, A., Beck Dallaghan, G., Rhoney, D., & Zomorodi, M. (2021). A review to characterise and map the growth mindset theory in health professions education. *Medical Education*, 55 (4), 430-440. <https://doi.org/10.1111/medu.14381>
- World Health Organization (WHO). (2010). *Framework for action on interprofessional education and collaborative practice*. Geneva: World Health Organization. Retrieved from: <http://apps.who.int/iris/handle/10665/70185>
- World Health Organization (WHO). (2021a). *Building better together. Roadmap to guide implementation of the Global Strategic Directions for Nursing and Midwifery in the WHO European Region*. Copenhagen: WHO Regional Office for Europe. Licence: CC BY-NC-SA 3.0 IGO.
- World Health Organization (WHO). (2021b). *Global strategic directions for Nursing and Midwifery 2021 – 2025*. Geneva: World Health Organization. Retrieved from: <https://apps.who.int/iris/bitstream/handle/10665/344562/9789240033863-eng.pdf>
- Young, L., & Patterson, B. (Eds). (2007). *Teaching nursing. Developing a student centered learning environment*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Young, M., Thomas, A., Lubarsky, S., Gordon, D., Gruppen, L., Rencic, J., Ballard, T., Holmboe, E., Da Silva, A., Ratcliffe, T., Schuwirth, L., Dory, V. & Durning, S. (2020). Mapping clinical reasoning literature across the health professions: a scoping review. *BMC Medical Education*. 20 (107), 1-11. <https://doi.org/10.1186/s12909-020-02012-9>
- Zao-Sanders, M. & Peake, G. (2022). *Create Learning Pathways to Close Your Organization's Skills Gap*. Retrieved from Harvard Business Review website 30/04/2023 at: <https://hbr.org/2022/02/create-learning-pathways-to-close-your-organizations-skills-gap>